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ABSTRACT

This appendix accompanies a report on state vocational rehabilitation agency practices to control for quality and timelines in case management systems. The materials, related to quality assurance and case flagging, are representative of the variety of methods used by 42 states and Puerto Rico. (The states are Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, Florida, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, and Wyoming.) Contents include correspondence describing quality control and case flagging procedures; case record review instruments; a quarterly review report; a caseload inventory; case review schedules; quality evaluation forms; case review forms, documents, questionnaires, and worksheets; administrative review forms; sample action plans; confidential performance reviews and evaluations; casework performance reviews; rehabilitation counselor performance standards; monthly caseload analyses; time-in-status standards reports; Michigan Quality Assurance Review System forms; case review factors and guidelines; processing checklists and quality control reviews; evaluation criteria; client evaluation forms; case quality rating forms; statistical reports; caseload management guides; caseload analyses; and case review summary reports. (YLB)

ED235316

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REVIEW OF STATE VR AGENCY PROCEDURES FOR CASE FLAGGING: A QUALITY ASSURANCE ACTIVITY

APPENDIX: EXAMPLES OF STATE QUALITY ASSURANCE AND CASE FLAGGING INSTRUMENTS AND PROCEDURES

April 1983

CE037054

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
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This appendix was originally prepared to accompany a draft report entitled "Review of State VR Agency Procedures for Case Flagging and Quality Assurance," completed in September 1981.

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ABSTRACT

REVIEW OF STATE VR AGENCY PROCEDURES FOR CASE FLAGGING: A QUALITY ASSURANCE ACTIVITY, by Susan Stoddard, Ph.D., J. Mark Rogers, Shirley Langlois, Caleb Whittaker, and Deborah Kogan, Berkeley Planning Associates, April 1983, 51 pp., with separately bound appendix.

This report reviews the practices implemented by 53 different state VR agencies to address quality assurance concerns. After reviewing the broader spectrum of monitoring practices and evaluation systems used by different state agencies to assess worker and agency performance, the report focuses on the range of procedures utilized to track timeliness, which has been adopted as one of the procedural standards of service quality in the revised Standards Evaluation System. The report also reviews actual findings on the extent of timely versus untimely service in four Model Evaluation Unit (MEU) states, based on data from a small client sample in each state.

The materials included in the Appendix demonstrate the variety of methods employed by states to control for quality and timeliness in their respective case management systems. The names of state agencies that responded to our request to send materials are listed in the table of contents of the next page. The table of contents also lists the code letter and number used to identify the corresponding state agency's materials in the Appendix.

APPENDIX: TABLE OF CONTENTS

State Agency	Code Labeling State Agency Materials	State Agency	Code Labeling State Agency Materials
Alabama	A-1	New York	N-5
Alaska	A-2	New York - Blind	N-6
Arizona	A-3	North Carolina	N-7
Arkansas	A-4	North Carolina - Blind	N-8
California	C-1	North Dakota	N-9
Connecticut	C-2	Ohio	O-1
Delaware	D-1	Oklahoma	O-2
Florida	F-1	Oregon	O-3
Florida - Blind	F-2	Pennsylvania	P-1
Idaho	I-1	Pennsylvania - Blind	P-2
Illinois	I-2	Puerto Rico	P-3
Indiana	I-3	Rhode Island	R-1
Iowa	I-4	South Carolina	S-1
Kansas - Blind	K-1	South Dakota	S-2
Kentucky	K-2	Tennessee	T-1
Kentucky - Blind	K-3	Texas	T-2
Louisiana	L-1	Texas - Blind	T-3
Maine	M-1	Utah	U-1
Maryland	M-2	Vermont	V-1
Massachusetts	M-3	Virginia	V-2
Michigan	M-4	Washington	W-1
Michigan - Blind	M-5	West Virginia	W-2
Minnesota	M-6	Wyoming	W-3
Montana	M-7		
Nevada	N-1		
New Hampshire	N-2		
New Jersey	N-3		
New Jersey - Blind	N-4		

A-1

CASE RECORD REVIEW INSTRUMENT

Client: _____
District: _____
Reviewer: _____
Date: _____

I. ELIGIBILITY

A.	Date of Application: _____			
B.	General medical adequate? (diagnosis + prognosis)	YES___	NO___	
C.	Specialist examination adequate? (diagnosis + prognosis)	YES___	NO___	N/A___
D.	Disability clearly established?	YES___	NO___	
E.	Disability: _____			
F.	Counselor rationale clearly describe vocational handicap(s)	YES___	NO___	
G.	Reasonable expectation clearly established by counselor?	YES___	NO___	
H.	Client eligible?	YES___	NO___	
I.	Date eligibility established: _____			

II. INDIVIDUALLY WRITTEN REHABILITATION PROGRAM

A.	Vocational goal: _____			
B.	Case record information clearly justify vocational goal?	YES___	NO___	
C.	Intermediate objectives clearly stated?	YES___	NO___	
D.	Each intermediate objective relate to obtainment of vocational goal?	YES___	NO___	
E.	Services planned reflective of client's documented rehabilitation needs?	YES___	NO___	
F.	Evidence that Similar Benefits investigated?	YES___	NO___	
G.	Evidence that Similar Benefits identified?	YES___	NO___	
H.	Evidence that Similar Benefits used?	YES___	NO___	N/A___
I.	Each intermediate objective include evaluation criteria?	YES___	NO___	
J.	Each intermediate objective include time frames?	YES___	NO___	
K.	Does IWRP meet minimum standards?	YES___	NO___	

III. PLACEMENT/CLOSURE

A.	Evidence that counselor directly assisted client in placement?	YES___	NO___	N/A___
B.	Placement/closure consistent with IWRP vocational goal?	YES___	NO___	
C.	Occupation: _____			
D.	Case followed for 60 consecutive days in employment?	YES___	NO___	
E.	Evidence client advised of availability of Post Employment Services?	YES___	NO___	
F.	Evidence client notified that case was being closed?	YES___	NO___	
G.	Date of closure: _____			

REMARKS: _____

A-1

PLAN OF ACTION

QUARTERLY REVIEW REPORT

DATE: _____ AREA _____ QTR _____ FY _____

TO: _____ ASSIGNMENT _____

FROM: _____

	02		10		TOTAL		26 Closures SD		SGA SSI		SGA SSDI	
GOALS												
ATTAINED		%		%		%		%		%		%

TOTAL ACTIVE CUMULATIVE _____

01 CASE SERVICE ALLOTMENT _____

01 CASE SERVICE ENCUMBRANCES _____ EXPENDITURES _____

TRAVEL:

PROJECTED _____

USED _____

REMARKS: (eligibility documentation, IWRP development, placement, production, CPR's timely, etc.)

_____

_____

_____

_____

_____

_____

PLAN OF ACTION (corrective) _____

_____

_____

_____

_____

_____

COUNSELOR'S SIGNATURE

M174 VOCATIONAL REHABILITATION
04/06/81
CASELOAD INVENTORY
COUNTY A47 FY 81 COUNSELOR 001 AREA 3

CASE	NAME	CURRENT STATUS	DATE OF LAST ACTION	DATE REFERRED	NO. P PRESENT
527938	[redacted] J	02		1/05/81	3
513299	JE	02	10/03/80	1/14/80	15
527940	E	02		1/05/81	3
544653	B	02		2/24/81	2
544578	D	02		3/18/81	1
527877	B	02	03/16/81	10/06/80	6
544580	I	02		3/10/81	1
527943	M	02		3/02/81	1
544579	KD	02		3/09/81	1
526507	AL	02		3/13/79	25
527950	CM	02		12/15/80	4
513237	K	02		3/03/80	13
527959	CE	02		12/09/80	4
513220	E	02		4/21/80	12
527953	HM	02		12/02/80	4
513422	JL	02		6/05/80	10
527830	KE	02		9/02/80	7
527748	EL	02		9/08/80	7
527958	PS	02		12/09/80	4
527753	CP	02		9/03/80	7
527957	LT	02		12/08/80	4
409715	WE	02		7/09/79	21
527897	P	02		9/26/80	7
527898	RY	02		9/15/80	7
544584	CH	02		3/02/81	1
544566	EK	02		3/30/81	1
513354	P	02		4/21/80	12
513380	CR	02	02/10/81	5/12/80	11
513387	TR	02		5/13/80	11
527879	J	02		10/15/80	6
513413	VL	02		6/03/80	10
527646	AL	02		7/14/80	9
409920	JW	06	07/21/80	12/03/79	15
527636	JA	06	12/05/80	7/30/80	4
527805	PI	06	01/27/81	10/20/80	3
527945	CD	06	03/23/81	1/01/81	1
409768	PR	10		8/13/79	19
544655	JL	10	03/20/81	2/12/81	1
475280	J	10	05/01/80	10/05/77	36
513224	JM	10	03/13/81	4/22/80	7
409630	LW	10	09/23/80	9/17/79	16
527741	B	12	03/11/81	9/15/80	4
409851	HG	16	07/01/80	10/01/79	16
409928	J	16	10/20/80	12/03/79	12
527901	KD	16	01/05/81	9/23/80	3
409943	AR	16	09/23/80	12/10/79	15
527929	KH	16	03/03/81	2/02/81	1
513386	AD	16	08/01/80	5/13/80	8

A-2

STATE OF ALASKA

DEPARTMENT OF EDUCATION

DIVISION OF VOCATIONAL REHABILITATION
Michael C. Morgan, Director

JAY S. HAMMOND, GOVERNOR

Central Office
Pouch F, M.S. 0581
State Office Building
Juneau, Alaska 99811
(907) 586-6500

April 22, 1981

Ms. Susan Stoddard
Berkeley Planning Associates
3200 Adeline Street
Berkeley, CA 94703

Dear Ms. Stoddard:

In your letter to Mike Morgan, dated April 1, 1981, you requested information concerning our case flagging and case review procedures. Accordingly, I can offer the following. With respect to case flagging, this agency has maximum time periods that a client can remain in certain statuses where experience has shown clients can become "lost" without proper monitoring. The statuses and flagging levels are given below.

STATUS	FLAGGING LEVEL
00	60 days
02	60 days
06	480 days (asterisked at 16 months to alert counselor of 18 month legal limit)
10	90 days
20	60 days
22	120 days
24	60 days

With regard to quality assurance, this is addressed via case reviews using the San Diego State case review scheduled. Case reviews with this instrument are accomplished periodically by district supervisors, and at least once a year by the agency's case review team. This review team accomplishes the overall casework quality control and evaluation function for the agency. It is composed of the Deputy Director, the Fiscal Officer, the Chief and Assistant Chief of Rehabilitation Services, and a district supervisor not having responsibility for the office being reviewed. Offices are normally reviewed on a one year cycle. If significant problems are found these are pointed out, and the team returns in six months to insure that corrective action has in fact been taken.

A-3

VR-150-B (3-80)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
CASE REVIEW SCHEDULE – CLOSURES

CLIENT NAME / CLIENT NO.	Yes	No	N/A	References: VR Manual	Re-Review: Yes	Re-Review: No
II. All Closures						
A. 08 Closures						
1. Closure form is signed and includes appropriate justification				2-08.B; 2-05 *(VR-002B)*		
2. Sufficient efforts were made to contact client				2-08.B		
3. Client notified in writing of closure decision including rationale, available recourse, annual review, etc.				2-08.B		
4. Client was referred to other services when appropriate and other services are necessary and available				2-08.B		
5. Copy of SSA-853 in case file for all SSI/SSDI beneficiaries				6-01; 6-02		
6. Referral source notified				2-01.C.5		
7. Cases closed as *too severely disabled* were reviewed by consultant				2-02.F.3.g		
8. Client address updated on CSR at time of closure						
B. 26 Closures						
1. Client has accomplished the intent of services as described in client's rehabilitation plan *(if not, this is noted and explained on certification of closure)*				2-08.C.1.a		
2. Client notified of closure decision						
3. Closure includes references to need for post-employment service				2-05 *(VR-002B)*		
4. Documentation that client has been employed for a minimum of 60 days				2-08.C.1.c.i		
5. Substantial services rendered				2-08.C.b		
6. Placement is suitable *(e.g., type, pay, etc.)*				2-08.C.c		
7. Disposal of equipment discussed in progress notes				3-02.E.3		
8. Copy of SSA-853 in case file for all SSI/SSDI beneficiaries				6-01; 6-02		
9. Provisions made for annual review of clients placed in sheltered employment				2-05.B.11.d		
10. Services checked on Certificate of Closure agree with IWRP-Prog. of Services						
11. Client address updated on CSR at time of closure						
C. Closed – Not Rehabilitated *(Statuses 28 & 30)*						
1. Client notified in writing of closure decision						
2. Ineligibility decision is explained and includes reference to the availability of annual review, appeal process				2-08.D		
3. All purchased equipment has been recovered				3-02.E.3		
4. Copy of SSA-853 in file for all SSI/SSDI beneficiaries				6-01; 6-02		
5. Consultation was effected for client closed as *too severely disabled*				2-02.F.3.g		
6. Services checked on Certificate of Closure agree with IWRP-Prog. of Services						

DISCUSS ITEMS MARKED "NO" AND QUALITATIVE ASPECTS OF CASE

A-3

VR-150-A (3-80)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
CASE REVIEW SCHEDULE – STATUSES 06, 12-24 & 32

CLIENT NAME / CLIENT NO.	Yes	No	N/A	References: VR Manual	Re-Review: Yes	Re-Review: No
D. IWRP *(these review items are applied to all IWRP's in file)*						
1. IWRP Program of Services is dated and shows all required dates and signatures				2-07.C.11.a; 2-05.A.6; 2-05.B.9; 2-08.C.1.d.iv		
2. Vocational objective is stated *(not required for an IWRP for Extended Eval alone)*				2-05.B.7.c		
3. Program of Services is complete *(contains all services necessary to achieve vocational goal, whether sponsored by VR or not)*				2-05.B.7.d.i		
4. Type and name of training specified				2-05.B.7.d		
5. Projected ending dates *(for intermediate goals)* with anticipated outcomes are specified				2-05.B.7.d		
6. Performance criteria *(specific to individual services being provided)* are specified				2-05.B.7.d 2-05 *(VR-002)*		
7. Similar Benefit Review *(VR-001A)* is completed				2-05 *(VR-001A)*		
8. Use of all available similar benefits is documented on Program of Services				2-05.B.7.d; 3-03.B		
9. Amount of client's financial participation is specified. *(Applies only when there is no economic need and services other than training and counseling were provided.)*				3-03.A		
10. All amendments are recorded on IWRP				2-02.F.3.c		
11. Reviews of progress accomplished *(IWRP)* at least annually				2-05.B.8.b		
E. Provision of Services						
1. Service Provider Contracts in file and signed. *(For restoration services there must be a new contract for each 3-month segment.)*				3-02.D		
2. If special funds were used						
a. Referral forms in file				6-01; 6-02.C.1		
b. Verification in file				6-01; 6-02.C.1		
c. Assignment sheet completed and in file				6-01; 6-02.C.1		
3. If equipment was purchased, file contains bid quotations for purchases over $500, and equipment contracts *(VR-015)* for purchases over $100.				3-02.E		
4. If client is/was on Status 06, services stayed within 18-month limitation				2-03		
5. If services are being provided in Status 14, there are counseling notes in file				2-07.B		
6. If restoration services are provided, continuing medical-psychological consultation accomplished on VR-004A *(a minimum of every 3 months for ongoing restoration)*				2-02.F.3		
7. In-service statuses used appropriately *(06, 14, 16, 18, 20, 22, 24)*				CSR Manual		
8. All purchases for services were made in accordance with IWRP or IWRP amendments. *(If "NO" check either a, b, or c, below)*				3-02.D		
a. Discrepancies between totals on IWRP and Client Case Cost Record more than $200 but less than $750				2-05.B.7.d		
b. Discrepancies between totals on IWRP and Client Case Cost Record more than $750 but less than $1,500						
c. Discrepancies between totals on IWRP and Client Case Cost Record over $1,500						
9. Client Income Statement is completed and signed *(not required if only counseling or training is provided)*				2-05 *(VR-006)*		
10. If basic or relocation maintenance was provided, the maintenance worksheet *(VR-006)* is completed and adequate				2-07.E		
11. Justification for travel and supplemental maintenance is provided and adequate *(explain the need and rationale for $ amount)*				2-07.E		
12. PES were provided in accordance with policies				2-07.K		

A-3

VR-130 (3-80)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
CASE REVIEW SCHEDULE

CLIENT NAME	CLIENT NO.	CASE STATUS	DISTRICT NO.	DATE OF REVIEW

REVIEWER	RE-REVIEW DATE

I. Timeliness of Services — Case Movement	Dates on Forms	CSR Dates	N/A	CSR & Form Dates Agree	
				Yes	No
1. Referral received in office *(Status 00)*					
2. Application signed *(Status 02)*					
3. Client certified for extended evaluation *(Status 06)*					
4. Case closed in Status 08					
5. Client certified for regular services *(Status 10)*					
6. IWRP completed *(Status 12)*					
7. Case closed in Status 30					
8. Program of services initiated *(Statuses 14, 16 or 18)*					
9. Final program of services completed *(Final Status 20)*					
10. Client began employment *(Final Status 22)*					
11. Case closed as rehabilitated *(Status 26)*					
12. Case closed in Status 28					

II. Content Review	Yes	No	N/A	References VR Manual	Re-Review Yes	Re-Review No
A. Initial interview and application.						
1. Initial interview notes include:						
a. Identifying information				2-01.E.4		
b. A statement of problems in terms of reason for referral to agency				2-01.E.4		
c. Information including personal and social data, medical and/or disabling aspects, educational and vocational background				2-01.E.4		
d. Client expectations				2-01.E.4		
e. Action steps				2-01.E.4		
For clients in 02, stop here. If closed in 08 from 02, complete section IV-A.						
B. Med/Psych/Voc Study						
1. Pre-Certification Medical Review accomplished				2-04 *(VR-004)*		
2. Record of a complete physical examination, no older than three months prior to application				2-02.C.1		
3. All specialist exams required by regulations were acquired				2-02.C and D		
4. Disabilities coded are consistent with reports and RSA coding structure				CSR Manual		
5. Severe disability properly coded and explained when necessary				3-07 Attachment A		
6. Necessary and appropriate consultation accomplished prior to acquiring specialist exams other than those required *(See B. 3.)*				2-02.F		
C. Certification						
1. Certification is signed and dated				2-04 *(VR-004)*		
2. Explanation for use of extended evaluation provided on VR-004 and adequate				2-04.A.4		
3. Explanation for certification of eligibility . . . provided on VR-004 and adequate				2-04.A.3.b		
4. The substantial employment handicap *(SEH)* is adequately explained on VR-004				2-04.A.3.a		

DISCUSS ITEMS MARKED NO, AND QUALITATIVE ASPECTS OF CASE

For clients in Status 10, stop here. Clients closed in Status 30, skip to section IV-C.

A-4

Arkansas Department of Human Services
Division of Rehabilitation Services

Frank White
Governor

Ray Scott
Executive Director

1401 Brookwood Drive
P.O. Box 3781
Little Rock, Arkansas 72203
371-2411

April 17, 1981

Susan Stoddard
Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley, California 94703

Dear Susan:

In regard to your inquiry of April 1, 1981, about case flagging procedures, I find that we have no highly structured formalized process for case flagging other than that contained in the San Diego Case Review System. However, our program administrators and first line supervisors may employ informal processes at their discretion.

Our agency uses the San Diego System as the basic quality control instrument for our internal case reviews and audit procedures.

Thank you for your interest.

Very truly yours,

E. Russell Baxter

E. Russell Baxter, Commissioner

/dgp

"The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to age, religion, handicap, sex, race, color or national origin."

C-1

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY EDMUND G. BROWN JR., Governor

DEPARTMENT OF REHABILITATION
830 "K" STREET MALL
SACRAMENTO, CALIFORNIA 95814
(916) 322-0723

April 15, 1981

Ms. Susan Stoddard
Berkeley Planning Associates
3200 Adeline Street
Berkeley, CA 94703

Dear Ms. Stoddard:

In reply to your letter of April 1, 1981, I am enclosing information on the California Department of Rehabilitation's Quality Evaluation Forms (QEF) and flagging of cases in plan statuses. For over a year, the Department has used the QEF to evaluate the quality of each case attaining an open status of 06 (extended evaluation) or above. A copy of the current and proposed new QEF is attached. The QEF method is used not only as a supervisory aid, but also for evaluation purposes at the case-carrier and district levels.

Flagging of cases to identify where there might be undue delays is not done in California. Instead, each case reaching in-plan status (14, 16, or 18) is required to be reviewed every twelve months by a supervisor. The flag is printed in the "PLAN REVIEW" column of the counselor's Caseload Activity Listing. A "YES" means the case should be reviewed by the counselor and supervisor. Three months before the estimated date of plan completion, the completion date is printed in the appropriate "COMPL DATE" column. This second flag remains until either the plan is completed or there is a major plan revision. A sample page from the Caseload Activity Listing is attached showing the use of both columns.

Recently, the Department has taken action to review all cases with overdue plan completion dates. Computer lists of all cases with overdue completion dates have been sent to the counselors. Through this process the number of cases with overdue plan completion dates has declined by nearly 50 percent.

Please keep the Department informed as to your project's progress. If I can be of any further assistance, please call me at (916)322-0723.

Sincerely,

Takao Iwasa, Assistant Chief
Program Evaluation and Statistics Section

TI:ch
Attachments
cc: Thomas E. Rietz
Paul F. C. Mueller

CURRENT C-1

INSTRUCTIONS FOR COMPLETING QEF

Employee Status

Probationary employee: Complete QEF on all cases.

Permanent employee: For those employees whose last evaluation was rated below standard, complete QEF on all cases.

For those employees whose last evaluation was rated standard or above, complete QEF when case being rated is rated as "exceeds standard" or "improvement needed".

When Each Section Should Be Completed

Section I when client is placed into new extended evaluation plan.
Section II if Status 08 closure from 06 or at plan approval.
Section III at plan approval.
Section IV at time of Status 26 or 28 closure.

How To Complete Form

1. Complete identifying information.
2. Check appropriate box for each section as "exceeds standard", "standard", or "improvement needed". If section is rated as "exceeds standard" or "improvement needed" check appropriate reason(s) listed below. Reasons checked should be consistent with overall rating.
3. Use the comment space if "reason" is other then listed.
4. Comment if necessary or appropriate.
5. Initial and date only sections completed.

Definitions

Exceeds Standard: Definitely exceeds standard expectations in specific, identifiable areas.

Standard: Average or fully meets expectations.

Improvement Needed: Definitely below standard expectations in specific, identifiable areas.

DR Form 239 (1-80)

QUALITY EVALUATION FORM

C-1

District Code: _____ Client's Name: _____

Counselor Name/Code: _____ Client's SS#: _____

I. APPROPRIATE EXTENDED EVALUATION PLAN

☐ EXCEEDS STANDARD* ☐ STANDARD ☐ IMPROVEMENT NEEDED*

- ☐ Timely decisions and services delivered from referral to extended evaluation
- ☐ Evidence that eligibility determination cannot be made without extended evaluation.
- ☐ Extended evaluation plan will be sufficient to determine eligibility.

COMMENTS: _____

_____

_____ PS Initials: _____ Date: _____

II. APPROPRIATE ELIGIBILITY DETERMINATION

☐ EXCEEDS STANDARD* ☐ STANDARD ☐ IMPROVEMENT NEEDED*

- ☐ Timely decisions and services delivered from referral to acceptance/closure (08-06).
- ☐ Adequate case recording describes client's situation from ref. to acceptance or 08/06
- ☐ Appropriate examinations (e.g., medical evaluations and consultation obtained).
- ☐ Accurate and realistic interpretation of diagnostic data.
- ☐ Appropriate eligibility decision demonstrated through legal documentation (e.g., statement of eligibility, medical and specialty exams, psych. tests).

COMMENTS: _____

_____

_____ PS Initials: _____ Date: _____

II. APPROPRIATE REHABILITATION PLANNING

☐ EXCEEDS STANDARD* ☐ STANDARD ☐ IMPROVEMENT NEEDED*

- ☐ Appropriate data obtained to develop client's plan.
- ☐ Accurate and realistic interpretation of data (medical, social, psych, economic).
- ☐ Cooperation and involvement of client secured.
- ☐ Appropriate vocational objective selected.
- ☐ Sufficient plan services provided for in IWRP.
- ☐ Similar benefits considered and provided where appropriate.

COMMENTS: _____

_____

_____ PS Initails: _____ Date: _____

IV. SUFFICIENT SERVICES

☐ EXCEEDS STANDARD* ☐ STANDARD ☐ IMPROVEMENT NEEDED*

- ☐ Timely decisions and services delivered from plan to closure.
- ☐ Adequate case recording to describe client's progress from plan to closure.
- ☐ Sufficient services provided or arragned during plan.
- ☐ Records demonstrate that client received placement assistance.
- ☐ Closure appropriate considering the client's level of achievement.

COMMENTS: _____

_____

_____ PS Initails: _____ Date: _____

*CHECK APPROPRIATE REASON(S) IF CASE RATED AS EXCEEDS STANDARD OR IMPROVEMENT NEEDED

QEF DEFINITIONS

I. Appropriate Extended Evaluation Plan

Timely Decisions and Services Delivered from Referral to Extended Evaluation: Decision to place client into extended evaluation plan and initiation of extended evaluation services made without undue delay.

Evidence that Eligibility Determination cannot be made without Extended Evaluation: Case recording provides an analysis showing reasons why counselor cannot determine feasibility.

Extended Evaluation Plan will be Sufficient to Determine Eligibility: Case Recording provides a description of what services are necessary, along a prescribed timeline, to determine client's rehabilitation potential.

II. Appropriate Eligibility Determination

Timely Decisions and Services Delivered from Referral to Acceptance/Closure: Significant decisions were made regarding eligibility; and diagnostic services were authorized within appropriate time limits or otherwise explained by case recording.

Adequate Case Recording to Describe Client's Situation and Progress from Referral to Acceptance/Closure: The collected and recorded information in the client's case folder provides a mental path to describe client's situation and progress.

Appropriate Examinations and Consultation Obtained: Required medical and specialty exams were obtained, e.g., current GM or waiver, specialty exams needed to certify blindness, deafness, mental retardation, etc., and appropriate consultation obtained.

Accurate and Realistic Interpretation of Diagnostic Data: Diagnostic reports and testing accurately interpreted and utilized to determine eligibility.

Appropriate Eligibility Decision: Decision to accept or reject client for services is consistent with information in the case folder and is based on documented evidence of a disability, vocational handicap, and feasibility, certification of eligibility is complete.

III. Appropriate Rehabilitation Planning

Appropriate Data Obtained to Develop Client's Plan: All medical, social, psychological, financial, educational, and vocational information necessary to develop the IWRP was obtained.

Accurate and Realistic Interpretation of Data: Data collected was assessed accurately and realistically utilized in plan development with inconsistencies between data and vocational objective explained.

Cooperation and Involvement of Client Secured: Vocational objective was arrived at through vocational counseling and there is an indication of mutual agreement between the client and counselor.

Appropriate Vocational Objective Selected: Vocational objective is consistent with the client's interests, capabilities, limitations, and economic circumstances as well as the Department's resources.

Sufficient Plan Services Provided for in IWRP: Adequate services, such as, training, tools, transportation, supplies, etc., authorized and provided to insure successful completion of IWRP.

Similar Benefits Considered and Provided Where Appropriate: Client's eligibility for benefits such as VA, education grants, medical, welfare, and food stamps have been considered and used as a client resource during plan development (where appropriate).

IV. Sufficient Services

Timely Decisions and Services Delivered from Plan to Closure: During plan status, any problems were identified early and decisions were made or services delivered without delay.

Adequate Case Recording to Describe Client's Situation and Progress from Plan to Closure: The collected and recorded information in the client's case folder from plan initiation to case closure, provides a mental path to describe client's situation, progress, and rationale for counselor decisions.

Sufficient Services Provided or Arranged During Plan: Client's needs for counseling and additional support services during plan status were evaluated and provided where appropriate.

Records Demonstrate that Client Received Placement Assistance: Recording clearly describes what efforts have been made by the counselor to help client in his placement endeavor.

Appropriate Case Closure: Rehabilitated or non-rehabilitated (Status 28) closures were appropriate considering criteria set forth in the RSM for Status 28 or 26 closures.

DR 239A

CALIFORNIA STATE DEPARTMENT OF REHABILITATION

C-1

District Code: _____

Counselor Name/Code: _____

PS Initials: _____

Time Period of Cases Reviewed:

From: _____ To: _____

Date of Review: _____

QUALITY EVALUATION SUMMARY FORM

Element	A Number of Cases Rated	B Value of Rating	C Value of Cases Rated
I. APPROPRIATE EXTENDED EVALUATION PLAN			
1. Number of new extended evaluation plans	____ *		
2. Number of cases rated Exceeds Standard	____	x 3	____
3. Number of cases rated Improvement Needed	____	x 1	____
4. Number of cases rated Standard (A1 - A2 & A3) .	____	x 2	____
5. Sum of values (C2 + C3 + C4)			____ *
6. Aver rating for appro ext eval plan (C5 ÷ A1) .			____
II. APPROPRIATE ELIGIBILITY DETERMINATION			
1. Number of cases rated 08 from 06 plus new plans.	____ *		
2. Number of cases rated Exceeds Standard	____	x 3	____
3. Number of cases rated Improvement Needed	____	x 1	____
4. Number of cases rated Standard (A1 - A2 & A3) .	____	x 2	____
5. Sum of values (C2 + C3 + C4)			____ *
6. Average rating for appro eligibility (C5 ÷ A1) .			____
III. APPROPRIATE REHABILITATION PLANNING			
1. Number of new plan cases rated	____ *		
2. Number of cases rated Exceeds Standard	____	x 3	____
3. Number of cases rated Improvement Needed	____	x 1	____
4. Number of cases rated Standard (A1 - A2 & A3) .	____	x 2	____
5. Sum of values (C2 + C3 + C4)			____ *
6. Average rating for rehab planning (C5 ÷ A1) . .			____
IV. SUFFICIENT SERVICES			
1. Number of 28 + 26 cases rated	____ *		
2. Number of cases rated Exceeds Standard	____	x 3	____
3. Number of cases rated Improvement Needed	____	x 1	____
4. Number of cases rated Standard (A1 - A2 & A3) .	____	x 2	____
5. Sum of values (C2 + C3 + C4)			____ *
6. Aver rating for sufficient services (C5 ÷ A1) .			____
V. OVERALL RATING			
1. Total number of cases rated	____ *		
2. Total value of cases rated (sum of values)* . .			____ *
3. Overall rating (A2 ÷ A1)			____

KEY: 3.00 - 2.16 Exceeds Standard; 2.15 - 1.85 Standard; 1.84 - 1.00 Improvement Needed

C-1

PROPOSED CHANGES

CALIFORNIA STATE DEPARTMENT OF REHABILITATION
PROGRAM EVALUATION AND STATISTICS SECTION
DISTRICT EVALUATION QUALITY EVALUATION FORM

District Code: _____ Client's Name: _____
Caseload Code: _____ Client's SS#: _____
Rater's Name: _____ Case Status: _____

ES S IN

☐ ☐ ☐ I. APPROPRIATE EXTENDED EVALUATION PLAN *

___ a. Timely decisions and services delivered from referral to extended evaluation.

___ b. Evidence that eligibility determination cannot be made without extended evaluation.

___ c. Extended evaluation plan is sufficient to determine eligibility.

COMMENTS: _____

ES S IN

☐ ☐ ☐ II. APPROPRIATE ELIGIBILITY DETERMINATION

___ a. Timely decisions and services delivered from referral to acceptance (10) or closure (08-06).

___ b. Appropriate examinations and consultation obtained.

___ c. Accurate and realistic interpretation of diagnostic data.

___ d. Legal documentation complete. *

___ e. Adequate information in case to certify eligibility.

COMMENTS: _____

*If all appropriate check-off boxes, and counselor or P.S. signature blocks are not complete, do not drop the level of the overall item rating, but document every instance where this occured under the comments section (DR 229A, DR 229AA, DR 229B, Medical Jacket).

KEY: ES - Exceeds Standard
S - Standard
IN - Improvement Needed

Revised 2/81

C-1

ES S IN

☐ ☐ ☐ III. APPROPRIATE REHABILITATION PLANNING *

___ a. Appropriate data obtained to develop client's plan.

___ b. Accurate and realistic interpretation of data (medical, social, psych, economic).

___ c. Cooperation and involvement of client secured, as indicated on DR 229A.

___ d. Appropriate vocational objective selected.

___ e. Conflict(s) between vocational objective and other information in case record resolved.

___ f. Sufficient services provided for in IWRP.

___ g. Similar benefits considered and provided where appropriate.

COMMENTS: _____

_____

_____

_____

ES S IN

☐ ☐ ☐ IV. SUFFICIENT PLAN TO CLOSURE DOCUMENTATION *

___ a. Timely decisions and services delivered from plan to closure.

___ b. Adequate information to describe client's situation and progress from plan to closure.

___ c. Sufficient services provided for during plan.

___ d. Sufficient placement assistance provided.

___ e. Closure appropriate, according to RPM criteria.

___ f. Closure timely.

COMMENTS: _____

_____

_____

_____

ES S IN

☐ ☐ ☐ V. CAUSALITY: APPROPRIATE CLOSURE

___ a. Job placement appropriate and commensurate with client's capabilities (Status 26).

___ b. Adequate effort made to contact client before closing case (Status 28).

___ c. DR services had a significant impact on removing/reducing client's vocational handicap.

COMMENTS: _____

_____

_____

_____

*See front

C-1

INSTRUCTIONS FOR COMPLETING QEF

Employee Status

Probationary employee: Complete QEF on all cases.

Permanent employee: For those employees whose last evaluation was rated below standard, complete QEF on all cases.

For those employees whose last evaluation was rated standard or above, complete QEF when case being rated is rated as "exceeds standard" or "improvement needed".

When Each Section Should Be Completed

Section I when client is placed into new extended evaluation plan.
Section II if Status 08 closure from 06 or at plan approval.
Section III at plan approval.
Section IV at time of Status 26 or 28 closures.

How To Complete Form

1. Complete identifying information

2. Check appropriate box for each section as "exceeds standard", "standard", or "improvement needed". If section is rated as "exceeds standard" or "improvement needed" check appropriate reason(s) listed below. Reasons checked should be consistent with overall rating.

3. Use the comment space if "reason" is other than listed.

4. Comment is necessary;

   a. If any legally required information is missing

   b. If there is conflicting information which has not been satisfactorily resolved.

   c. If information in case is not adequate to describe client's situation or progress.

5. Initial and date only sections completed.

Definitions

Exceeds Standard: Definitely exceeds standard expectations in specific, identifiable areas.

Standards: Average or fully meets expectations.

Improvement Needed: Definitely below standard expectations in specific, identifiable areas.

C-1

QEF DEFINITIONS

I. Appropriate Extended Evaluation Plan

Timely Decisions and Services Delivered from Referral to Extended Evaluation: Decision to place client into extended evaluation plan and initiation of extended evaluation services made without undue delay.

Evidence that Eligibility Determination cannot be made without Extended Evaluation: Case recording states reason feasibility cannot be determined.

Extended Evaluation Plan is Sufficient to Determine Eligibility: Case Recording provides a description of what services are necessary, along a prescribed timeline, to determine client's rehabilitation potential.

II. Appropriate Eligibility Determination

Timely Decisions and Services Delivered from Referral to Acceptance/Closure: Appropriate decisions were made regarding eligibility; diagnostic services were authorized within acceptable time limits or otherwise explained by case recording.

Appropriate Examinations and Consultation Obtained: Required medical and specialty exams were obtained, e.g., current GM or waiver, specialty exams needed to certify blindness, deafness, mental retardation, etc., and appropriate consultation obtained.

Accurate and Realistic Interpretation of Diagnostic Data: Diagnostic reports, such as GM specialty exams and psych testing, accurately interpreted and utilized to determine eligibility.

Legal Documentation Complete: Decision to accept or reject client for services is consistent with information in the case folder and is based on documented evidence of a disability, vocational handicap, and feasibility; certification of eligibility is complete. All required legal documentation in case record.

Adequate Information in Case to Certify Eligibility: The collected and recorded information in the client's case folder is sufficient to support the basis for eligibility. Any questions regarding the client's eligibility for services are resolved in case notes.

III. Appropriate Rehabilitation Planning

Appropriate Data Obtained to Develop Client's Plan: All medical, social, psychological, financial, educational, and vocational information necessary to develop the IWRP was obtained.

Accurate and Realistic Interpretation of Data: Data collected was assessed accurately and realistically utilized in plan development; inconsistencies between data and vocational objective are explained.

Cooperation and Involvement of Client Secured (Indicated on DR 229A): There is evidence that the vocational objective was arrived at by mutual agreement between the client and counselor.

Appropriate Vocational Objective Selected (Indicated on DR 229A): Vocational objective is consistent with the client's interests, capabilities, limitations, and economic circumstances. Objective is consistent with the Department's policy on the order for selection of services.

Conflict(s) Between Vocational Objective and Other Information in Case Record Resolved: Any conflicts between vocational objective and information such as medical reports, psychological reports, school transcripts etc., are resolved in case notes.

Sufficient Services Provided for In IWRP: Adequate services, such as, training, tools, transportation, supplies, etc., authorized and provided to insure successful completion of IWRP.

Similar Benefits Considered and Provided Where Appropriate: Similar benefits check list complete, DR 348.

IV. Sufficient Plan to Closure Documentation

Timely Decisions and Services Delivered from Plan to Closure: During plan status, problems were identified early; decisions were made or services delivered without delay.

Adequate Information to Describe Client's Situation and Progress from Plan to Closure: The collected and recorded information in the case folder from plan initiation to case closure is sufficient to describe client's situation, progress, and rationale for counselor decisions.

Sufficient Services Provided for During Plan: Client's needs for counseling and additional support services during plan status were evaluated and provided where appropriate.

Sufficient Placement Assistance: Recording indicates that appropriate efforts have been made to help client obtain suitable employment.

Closure Appropriate: Rehabilitated (Status 26) or non-rehabilitated (Status 28) closures were appropriate considering criteria set forth in the RPM.

Closure Timely: Rehabilitated (Status 26) or non-rehabilitated (Status 28) cases closed in a timely manner.

CALIFORNIA STATE DEPARTMENT OF REHABILITATION

CASELOAD ACTIVITY LISTING

LAST	CLIENT NAME FIRST	MI	CLIENT IDENT. NUMBER	REF DATE	PROJ CODE	MAJ DISA	CURRENT P.A.	CURRENT SSI	CURRENT SSDI	FED PROG TF	SPEC PROG SF	SPEC PROG SD	SPEC PROG OTHER	CHNG DATE	$ MO.	COMPL DATE	PLAN REVIEW
CURRENT STATUS 18																	
			-56-3546	11/75	A28	510	DISAB	AL	NO		SF	SD		12/75			
			-82-0221	12/79	A28	520	NONE	NO	DE			SD		02/80	13	06/81	
			-54-7524	08/79	A28	520	NONE	NO	NO					03/80	12	10/80	
			-12-5397	10/77	A28	520	NONE	NO	NO					02/78	37	08/78	
			-06-8233	12/78	S18	532	NONE	NO	NO			SD		06/79	21	12/80	
			-86-8621	11/77	S18	532	DISAB	AL	NO		SF	SD		08/79			
			-68-7896	06/77	A28	520	NONE	NO	NO					11/77			
			-16-8956	03/79	A28	520	NONE	NO	NO					05/79	22	08/79	
			-02-5107	10/80	Z99	639	NONE	NO	NO			SD		11/80			
			-66-7520	11/79	A28	520	NONE	NO	NO				PO	12/79	15	09/80	
			-03-1057	06/79	A28	520	NONE	NO	NO					06/79	21	12/79	
			-37-9142	07/79	S18	685	NONE	NO	DE			SD		07/80			
			-13-4342	02/80	S18	530	DISAB	AL	NO		SF	SD		02/81			
			-15-1803	04/79	A28	510	NONE	NO	NO			SD		07/79			
			-56-7739	03/80	A28	520	NONE	DI	DI					04/80	11	09/80	YES
			-68-2179	01/76	A28	520	NONE	NO	NO					04/76			YES
			-68-1899	09/74	A28	699	AFDC	NO	NO					12/74	75	12/76	
			-76-6146	03/80	S18	530	NONE	NO	NO					05/80	10	06/81	
			-22-4134	11/78	A28	520	DISAB	AL	NO		SF	SD		05/79			
			-20-8131	12/77	A28	522	NONE	NO	NO			SD		02/78			
			-54-7205	08/77	A28	520	NONE	NO	DI			SD		12/79			
			-80-3377	02/78	S18	530	NONE	NO	NO					03/78	36	10/78	

PREPARED BY ADMINISTRATIVE SERVICES

DISTRICT 110 SANTA ROSA
CASELOAD 226 [redacted] C SPECIALTY : AL

REPORT PERIOD MAR 198
REPORT NO 13-011

C-

STATE OF CONNECTICUT
STATE DEPARTMENT OF EDUCATION

DIVISION OF VOCATIONAL REHABILITATION
600 ASYLUM AVE. HARTFORD, CONNECTICUT 06105

June 2, 1981

Susan Stoddard
Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley, California 94703

Dear Ms. Stoddard:

In response to your letter requesting materials on case flagging and quality assurance, enclosed are a number of items currently in use in our agency. In some cases below, a description of a procedure is provided in lieu of an attachment.

Case Flagging:

(a) The agency's computerized services notify counselor and supervisor a year after closure for cases closed because of severity of handicap, so that the such cases may be reviewed.

(b) Counselor and supervisor are also notified annually for three (3) years following closure for all cases where the client was placed in sheltered employment.

(c) The computer provides a number of interrelated reports which help identify delay in case movement and point up their caseload characteristics (attached):

1. SD Summary - (monthly) shows numbers and percents of severely disabled, compared to counselors' total caseloads for statuses 00-24 and 10-24.

2. Master File - (monthly) a management tool which indicates case status movement, case-by-case, for each counselor.

3. Counselor Status Count - (monthly) provides total number of clients for each status, for each counselor.

4. Cumulative Monthly Report - (monthly) contrasts selected status counts with counts for the same time in the previous fiscal year, by district.

C-2

Susan Stoddard
June 2, 1981

5. Summary Report -
(monthly) keeps a running total on referrals, acceptances and 26 closures.

6. RSA-13 -
(submitted quarterly) includes a narrative which analyzes statewide performance in relation to annual goals.

Quality Assurance:

(a) The most recent report on the secretary's general standards is included.

(b) Assumption College RRCEP, Case Review and Caseload Review Process
This instrument (attached), developed by Region I RRCEP, was adapted for Connecticut by staff of DVR and Assumption College and is currently being used as part of the counselor evaluation. Also used is the Individual Performance Objectives Plan (IPOP) (attached), which is used for counselor goal setting and evaluation.

(c) In order to insure that appropriate services are planned and delivered, the following reviews are made:

- all Individual Written Rehabilitation Plans (IWRP's) are received and approved by the counselor's supervisor.

- all IWRP's which include physical restoration services are reviewed and approved by the District Medical Consultant.

- all cases which require psychological reports as part of the evaluation process are reviewed and approved by the Agency's Chief Psychological Consultant or the District Psychiatric Consultant.

For clarification on these reviews, see Chapter 62.141 of the Counselor's Manual, "Required Specialists Evaluation", is attached.

(d) Materials from the counselor's manual are attached which cover the following procedural matters:

- Certification of eligibility for SSDI/SSI Fund Expenditures (Chapter 61.162)

- Certification of Homemaker Eligibility (Chapter 63.110)

C-2

Susan Stoddard
June 2, 1981

- Feasibility of a small business project (self-employment) for the client; a series of questions and other planning materials from Chapter 66.660 are attached.

- Feasibility of college training; guidelines for determining whether planning for college is desirable are attached (Chapter 66.320)

We hope these materials will be useful to you in your efforts.

Very truly yours,

Arline E. Bole

Arline E. Bole
Rehabilitation Consultant

AEB:ll
attachments

cc: Judy Richter

D-9

STATE OF DELAWARE
DEPARTMENT OF LABOR
DIVISION OF VOCATIONAL REHABILITATION
SEVENTH FLOOR - STATE BUILDING
820 FRENCH STREET
WILMINGTON, DELAWARE 19801
TELEPHONE: (302) 571 - 2850

April 28, 1981

Ms. Susan Stoddard
Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley, CA 94703

Dear Susan:

This is in response to your letter dated April 1, 1981 to Mr. Barker, our Director, requesting material we use in our Agency for case flagging and quality assurance.

We have enclosed the following:

1. Delaware VR Casework Manual page 106 on flagging and other pages of the Manual regarding quality assurance; and

2. A sample of our EDP-produced reports with some flagging data highlighted.

Our Casework Supervisors review cases routinely at statuses 06, 10, 12, time of IWRP amendments and at closure (all statuses).

Our SSDI/SSI Coordinator conducts a review of those cases at the same statuses (less 08 closures) and also for post-employment services where SSDI/SSI funds are utilized.

Sincerely,

Earl C. Tuberson

Earl C. Tuberson, Program Evaluator
Planning, Monitoring & Evaluation Unit

ECT/lj
Enclosures
cc. B. Barker)
G. Veach) letter only

F-1

STATE OF FLORIDA

DEPARTMENT OF

Health & Rehabilitative Services

Bob Graham, Governor

1317 WINEWOOD BOULEVARD TALLAHASSEE, FLORIDA 32301

PDVR March 25, 1981

SUBJECT: Instructions for Implementation of Performance Review

TO: District VR Program Supervisors

The Vocational Rehabilitation Program has built its participation in the Performance Review System upon the use of the Case Review Record and existing statistical reports such as the VR 100 and Casework Consultants report. Twelve standards are included in the Performance Review Manual for VR. The District will report on three of the standards (8A-1, 8A-2, 8A-3) and the Program Office will report on the remaining nine standards (8A-4 through 8A-12). The District Program Supervisor will now transfer the totals on the Case Review Record into another reporting format. This will be the only major change from the current Quality Review Process.

The Supervising Counselors will continue to complete the Case Review Record on each case at acceptance and closure. For this reason, our sample size is 100 percent.

The Supervising Counselors will submit monthly the carbon copy of each Case Review Record completed for the month to the District Program Supervisor. A cover sheet which totals the "yes", "no", and "N.A." column for each item on the Case Review Record should be submitted. A monthly narrative report is no longer required. A narrative report should be sent whenever the case reviews indicate problems, trends or other information that should be brought to the attention of the District Program Supervisor.

The District Program Supervisor will take the information received from the Supervising Counselors and transfer the totals to the attached forms entitled "Performance Review Agreement Summary", and "Performance Review Report." This should be done in the District Program Office and not by the VR Supervising Counselors. The completion of these reports will be discussed at the meeting of the VR Program Supervisors on April 1-3, 1981.

The items on the Case Review Record that reflect the quality of services are numbers 1,3,5,9,10,11,13,15,16,18,19,24,27,29 and 30. The total, raw numbers, for the month should simply be transferred. In other words, if your district has a total of 30 cases checked "yes" and 5 cases checked "no" on item #1 of the case review record which reads: "Client scheduled for an initial interview in a timely manner;" then you should write in under item 8B-1 on the Performance Criteria Agreement Summary under "Totals" the number 30 in the blank space for #+ and the number 5 for the blank space #-. There is also space for the unit totals.

The items on the Case Review Record that pertain to compliance are numbered 2,4,6,7, 8,12,14,17,20,21,22,23,25,26,28,31, and 32. A case will meet the standard when all items are checked either "yes" or "NA." If the file is reviewed at acceptance or closure and an item checked "no" can be corrected by the counselor, the item can be changed to "yes" after that item has been corrected and noted by the Supervising Counselor. The total number of cases in which all items are checked either "yes" or "NA" will go in the #+ space for standard 8A-1 on the "Performance Review Report" and the cases with items checked "no" will go in the #- space.

The information for standard 8A-3 will be obtained from item #28 on the Case Review Record.

The Program Supervisor will complete Section 4 (corrective action) when indicated by the results of the case reviews.

The peer review will continue as a validation and training session. Because Districts are going to be phasing-in the Performance Review System, no peer review will be required for the quarter ending March 31, 1981. The only report on the peer review will be a narrative report by the Program Supervisor. This will simply be an assessment of the cases and analysis by the Program Supervisor.

In summary, the VR Supervising Counselor will have no additional duties in order to implement the Performance Review system. The District Program Supervisor will be completing a report that requires transferring totals from the Case Review Record to the attached forms. We will cover this at our Program Supervisors meeting in April. Please call Marshall Kelley at S.C. 278-7301 if you have questions concerning this process.

J. David Sellars
Program Staff Director
Office of Vocational Rehabilitation

JDS:Kj
Attachement
cc: District Performance Review Coordinators

F-1

B. PERFORMANCE CRITERIA AGREEMENT SUMMARY

CLIENT/COUNSELOR/UNIT OR NETWORK IDENTIFICATION

DISCHARGE/CLOSURE								PROBABLE CAUSES/NEEDS	TOTALS
Summary of Benefits and impact of services on the client is documented BB-13	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____		#+____ #-____ #NA____
Counselor did all that was reasonably expected to assist the Client toward rehabilitation before closing unrehabilitated BB-14	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____		#+____ #-____ #NA____
Documentation that the decision to terminate services was made in consultation with client BB-15	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____		#+____ #-____ #NA____
	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____		#+____ #-____ #NA____

INFORMAL CORRECTIVE ACTIONS

STANDARD NOT MET	ACTION TO CORRECT	CHECK HERE IF FORMAL CORRECTIVE ACTION (SECTION 4) IS NEEDED

B. PERFORMANCE CRITERIA AGREEMENT SUMMARY

CLIENT/COUNSELOR/UNIT OR NETWORK IDENTIFICATION

SERVICE PROVISION								PROBABLE CAUSES/NEEDS	TOTALS
Counseling provided and documented	#+____	#+____	#+____	#+____	#+____	#+____	#+____		#+____
	#-____	#-____	#-____	#-____	#-____	#-____	#-____		#-____
	#NA____	#NA____	#NA____	#NA____	#NA____	#NA____	#NA____		#NA____
CB-9									
Client received adequate scope of services needed to meet substantial employment	#+____	#+____	#+____	#+____	#+____	#+____	#+____		#+____
	#-____	#-____	#-____	#-____	#-____	#-____	#-____		#-____
	#NA____	#NA____	#NA____	#NA____	#NA____	#NA____	#NA____		#NA____
CB-10									
Services initiated promptly and provided without unwarranted delays	#+____	#+____	#+____	#+____	#+____	#+____	#+____		#+____
	#-____	#-____	#-____	#-____	#-____	#-____	#-____		#-____
	#NA____	#NA____	#NA____	#NA____	#NA____	#NA____	#NA____		#NA____
CB-11									
Job readiness evaluated	#+____	#+____	#+____	#+____	#+____	#+____	#+____		#+____
	#-____	#-____	#-____	#-____	#-____	#-____	#-____		#-____
	#NA____	#NA____	#NA____	#NA____	#NA____	#NA____	#NA____		#NA____
CB-12									

B. PERFORMANCE CRITERIA AGREEMENT SUMMARY

CLIENT/COUNSELOR/UNIT OR NETWORK IDENTIFICATION

SERVICE PLANNING								PROBABLE CAUSES/NEEDS	TOTALS
Client has participated in the development and signing of the Client Services Program and has been given a copy BB-5	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____		#+____ #-____ #NA____
All the services needed for the client's vocational rehabilitation appear on the Client Services Program BB-6	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____		#+____ #-____ #NA____
Interim objectives are written to relate to the vocational goal BB-7	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____		#+____ #-____ #NA____
Counseling objective stated BB-8	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____	#+____ #-____ #NA____		#+____ #-____ #NA____

INFORMAL CORRECTIVE ACTIONS

STANDARD NOT MET	ACTION TO CORRECT	CHECK HERE IF FORMAL CORRECTIVE ACTION (SECTION 4) IS NEEDED

B. PERFORMANCE CRITERIA AGREEMENT SUMMARY

CLIENT/COUNSELOR/UNIT OR NETWORK IDENTIFICATION

								PROBABLE CAUSES/NEEDS	TOTALS
REFERRAL/INTAKE									
Client scheduled for Initial Interview in a timely manner	#+	#+	#+	#+	#+	#+	#+		#+
	#-	#-	#-	#-	#-	#-	#-		#-
BB-1	#NA	#NA	#NA	#NA	#NA	#NA	#NA		#NA
Agreement of understanding signed	#+	#+	#+	#+	#+	#+	#+		#+
	#-	#-	#-	#-	#-	#-	#-		#-
BB-2	#NA	#NA	#NA	#NA	#NA	#NA	#NA		#NA
DIAGNOSIS/EVALUATION/ASSESSMENT									
Medical, psychological and vocational information is sufficient to plan for the scope of VR services needed to attain the vocational goals	#+	#+	#+	#+	#+	#+	#+		#+
	#-	#-	#-	#-	#-	#-	#-		#-
BB-3	#NA	#NA	#NA	#NA	#NA	#NA	#NA		#NA
If ineligible, client notified in writing and notified of appeals process	#+	#+	#+	#+	#+	#+	#+		#+
	#-	#-	#-	#-	#-	#-	#-		#-
BB-4	#NA	#NA	#NA	#NA	#NA	#NA	#NA		#NA

F-2

STATE OF FLORIDA
DEPARTMENT OF EDUCATION
DIVISION OF BLIND SERVICES

RALPH D. TURLINGTON
COMMISSIONER

DONALD H. WEDEWER
DIRECTOR

2640 EXECUTIVE CENTER CIRCLE, WEST TALLAHASSEE, FLORIDA 32301

June 2, 1981

Ms. Susan Stoddard
Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley, California 94703

Dear Ms. Stoddard:

In response to your request for materials used by this agency for case flagging and quality assurance, it should be mentioned first that we use two systems. The first is standard procedures which are routinely followed and the second is special efforts to solve particular problems or to improve performance in a particular area.

Some of the routine procedures are outlined in the attached excerpt from our unit supervisors' manual. Samples of the described data reports which are sent to the field offices on a monthly or quarterly basis will be provided on request. They are probably typical of client data reports used by most agencies. In addition to these written procedures we routinely conduct the following reviews for quality assurance purposes:

a) A monthly follow-up on cases closed from active status. Our area directors review the closure reports and mail a questionnaire (copy attached) to each client. These are returned to the area directors for any action needed and then forwarded to the VR program office along with the closure documentation. They are reviewed and a monthly summary is sent back to the field.

b) Quarterly review of IWRP's. After IWRP's are approved by the unit supervisors a copy is sent to the VR program office. These are reviewed and a quarterly summary of comments and suggestions is sent out to the districts.

c) Authorizations for purchase of services are routinely checked and a quarterly report sent out to area directors. This provides a check on fiscal procedures as well as a means of assuring that vendors are paid promptly.

Affirmative action/equal opportunity employer

d) Undue delays in statuses are monitored at the state level as well as locally. The one-page case review form (copy attached) which is used routinely by unit supervisors and state staff records dates for various steps in the VR process.

In addition to these on-going procedures we review client data periodically to spot problem areas and develop a means of determining causative factors as a basis for corrective action. Recent examples include a review of eligibility decisions, and a review of cases closed not-rehabilitated. Copies of the review forms are attached.

If you have any further questions please feel free to contact us.

Cordially,

DIVISION OF BLIND SERVICES

D. H. Wedewer

Donald H. Wedewer
Director

DHW/CM/EF/pk

Attachments

F-2

DIVISION OF BLIND SERVICES

Department of Education
State of Florida

RALPH D. TURLINGTON
COMMISSIONER

DONALD H. WEDEWER
DIRECTOR

TO: Sent to: All Clients closed from State 11-24 - Monthly.

AS A FORMER CLIENT OF THE DIVISION OF BLIND SERVICES, YOU CAN HELP US TO ENSURE THAT WE ARE PROVIDING SATISFACTORY SERVICES. WILL YOU PLEASE ANSWER THE FOLLOWING QUESTIONS; ADD ANY COMMENTS YOU WISH, AND RETURN THIS QUESTIONNAIRE IN THE ENCLOSED ENVELOPE? YOUR REPLY WILL HELP US IMPROVE OUR SERVICES AND WE WOULD APPRECIATE YOUR COOPERATION.

1. PLEASE CHECK THE STATEMENT THAT BEST DESCRIBES YOUR PRESENT ACTIVITIES.

   _____I WORK 35 HOURS OR MORE A WEEK AND EARN $_____A WEEK.

   _____I WORK LESS THAN 35 HOURS A WEEK AND EARN $_____A WEEK.

   _____I AM NOT WORKING.

   _____I AM A HOMEMAKER AND DO NOT WORK OUTSIDE THE HOME.

   _____OTHER. PLEASE EXPLAIN_____

2. WHEN YOU WERE RECEIVING SERVICES FROM THE DIVISION OF BLIND SERVICES YOU HAD A COUNSELOR. WAS YOUR COUNSELOR WILLING TO LISTEN TO YOUR IDEAS AND SUGGESTIONS?

   _____YES _____NO _____SOMETIMES

3. DID YOUR COUNSELOR EXPLAIN WHAT THE DOCTOR'S REPORTS SAID AND MEANT?

   _____YES _____NO _____SOMETIMES

4. ARE YOU SATISFIED WITH THE MEDICAL SERVICES YOU RECEIVED? _____YES _____NO

5. DID YOU RECEIVE SERVICES QUICKLY? _____YES _____NO _____SOMETIMES

6. DID YOU RECEIVE TRAINING? _____YES _____NO

7. DID YOU AGREE WITH YOUR COUNSELOR THAT YOU SHOULD NOT CONTINUE TO RECEIVE SERVICES AS A VOCATIONAL REHABILITATION CLIENT? _____YES _____NO

8. DO YOU NEED EYE MEDICAL CARE FOLLOW-UP? _____YES _____NO

9. DID YOUR COUNSELOR REFER YOU TO THE MEDICAL AND SOCIAL SERVICES PROGRAM OF THE DIVISION OF BLIND SERVICES FOR EYE MEDICAL CARE FOLLOW-UP? _____YES _____NO

10. WOULD YOU TELL A BLIND FRIEND WHO NEEDS HELP TO GO TO THE DIVISION OF BLIND SERVICES? _____YES _____NO

PLEASE ADD ANY COMMENTS YOU WOULD LIKE TO MAKE, GOOD OR BAD, ON THE REVERSE SIDE.

THANK YOU.

_____
SIGNATURE

F-2

VOCATIONAL REHABILITATION CASE REVIEW FORM

tus Counselor_____ Reviewer_____ Dates_____

Client_____ D.O.B._____ Disability_____

Referral Date_____ Master List Codes Missing or Incorrect____ ____ ____ ____

00 Client Seen (date)_____ Eye Exam (date)_____

02 Application, VR4 & Treatment Agreement, Diagnostics (Comments)

_____

06 R5A1 (Date)_____ Codes Incorrect (Item #)____ ____ ____ ____

10 Cert. of Elig. or Ext. Eval. (Date)_____

12 Case Study Analysis (Comments)_____

_____

IWRP: Voc. Objective_____ Content (Comments)

_____

Ext. Eval. or IWRP Review (Dates)_____

14 Quality of Services Provided (promptness - suitability, use of
16 similar benefits, vocational counseling, placement assistance,
18 etc.:_____
20
22 _____

_____

24 Reason Services Suspended_____ Date_____
Client contacts_____

26 Closure Info and R5A-2 - Complete_____ Correct_____ Date____

90 Comments_____

40 Closure Reason_____ Referral Source Informed_____
50
60 Documentation Adequate?_____
70
80 Special Programs (SSIP, SSDI, CSP) Comments:_____

_____

_____

_____

_____

F-2

CLIENT: _____ REVIEWER: _____

COUNSELOR: _____ DATE: _____

PART I-ELIGIBILITY DATA

YES	NO	N/A		
			1.	Does the diagnostic study to establish eligibility include:
1	2		1a.	An appraisal of the current general health status of the client, and if his/her disabling condition necessitates:
1	2	3		(1) An examination by a physician skilled in the diagnosis and treatment of mental or emotional disorders, or by a psychologist licensed or certified by the State?
1	2			(2) An evaluation of visual loss by a physician skilled in diseases of the eye or by an optometrist?
1	2	3		(3) An evaluation of hearing loss by a physican skilled in diseases of the ear or by a licensed or certified audiologist?
1	2	3		(4) A psychological evaluation that includes a valid test of intelligence and an assessment of social functioning and educational progress and achievement?
1	2		1b.	An evaluation of pertinent medical, psychological, vocational, educational and other related factors describing how the client's disability constitutes or results in a substantial handicap to employment.
			2.	Is there sufficient documentation in the case record:
1	2		2a.	To establish the presence of a physical or mental disability which for the individual constitutes or results in a substantial handicap to employment?
1	2		2b.	To substantiate a reasonable expectation that vocational rehabilitation services may benefit the individual in terms of employability?

CLIENT NAME [redacted] LAST COUNSELOR [redacted]

AGE [redacted] MAJOR DISABILITY 132 SECONDARY XXX

~~REFERRAL DISABILITY 149 REFERRAL DATE 1179 TIME IN REF 0000~~

TIME IN STATUS:

EXTENDED EVAL.	00
STATUS 10/12	003
IN SERVICE	0003
IN STATUS 20	00
IN STATUS 22	28
IN STATUS 24	00

********** CLOSURE DATA **********

REASON FOR CLOSURE WAS UNABLE TO LOCATE
IF THIS IS INCORRECT INSERT PROPER CODE HERE

WAS THIS CLOSURE REVIEWED BY A SUPERVISOR YES NO

HOW WAS THE CLIENT ADVISED ? IN PERSON BY PHONE LETTER

WAS THE REFERRAL SOURCE NOTIFIED YES NO

FOR CASES CLOSED UNABLE TO LOCATE
WERE EFFORTS REASONABLY ADEQUATE? YES NO

HOW MANY V.R. COUNSELORS SERVED THIS CLIENT?

********** SERVICE DATA **********

WERE PLANNED SERVICES PROVIDED? YES NO
IF NOT - WHY NOT

DATES CLIENT SEEN DURING LAST YEAR WERE

*** QUALITY ***

	GOOD **CIRCLE ONE **					POOR
COUNSELING	1	2	3	4	5	
FOLLOW-UP ON SERVICES	1	2	3	4	5	
DIAGNOSTIC INFORMATION	1	2	3	4	5	
USE OF DIAG. IN IWRP	1	2	3	4	5	
INFORMATION PROVIDED TO CLIENT	1	2	3	4	5	
PLACEMENT EFFORT	1	2	3	4	5	

*** ACCEPTANCE DATA ***

THE ELIGIBILITY DECISION WAS CORRECT	INCORRECT QUESTIONABL				
	GOOD **CIRCLE ONE **				POOR
ATTENTION TO SECONDARY DISABILITIES	1	2	3	4	5
CLIENT INVOLVEMENT IN PLANNING	1	2	3	4	5
CASE STUDY ANALYSIS	1	2	3	4	5

COMMENTS:

I-1

ADMINISTRATIVE REVIEW

Reviewer:

Client_____ Specialist_____ Date_____

COMMENTS

STATUS 00

1. R-4 completed properly? ___Yes___No

   Contacts timely or on-going? ___Yes___No

STATUS 02-32

1. Were forms completed properly?

   R-4 ___Yes___No

   R-300 ___Yes___No

   R-3 ___Yes___No

   R-41 ___Yes___No

   R-52 ___Yes___No

   R-37 ___Yes___No

   Other ___Yes___No

2. Were timely contacts maintained? ___Yes___No

CONTENT:

3. Were diagnostics for mental/physical disability adequate? ___Yes___No

   Specialist___Psychological___Psychiatric___

   Did specialist synthesize information adequately? ___Yes___No

4. Was client informed of their rights, confidentiality, appeal? ___Yes___No

5. Was case movement timely? ___Yes___No

6. Appropriate use of Status 06? ___Yes___No

7. Documentation to support SD? ___Yes___No

8. Eligibility statement presents evidence that client meets eligibility criteria? ___Yes___No

9. Certificate of eligibility signed and dated? ___Yes___No

COMMENTS I-1

f. Was client contacted during job placement?
___Yes___No

g. Was RCR closure information complete?
___Yes___No

h. Was Post-Employment box on IWRP checked appropriately? ___Yes___No

17. Post Employment Services:

a. Were they given appropriately?
___Yes___No

b. Forms completed correctly? ___Yes___No

18. Was the case supervised appropriately?
___Yes___No

19. Were fiscal matters handled adequately?
___Yes___No

20. Was clerical support adequate? ___Yes___No

21. Were RCR entries neat, concise, and complete enough to support services being provided or recommended? ___Yes___No

SECTION VI

Time In Status Guidelines

The counselor is responsible for assuring that each case moves through the rehabilitation process in an appropriate manner and that referrals, applicants and clients are served in an adequate and timely fashion.
The following chart indicates the maximum amount of time which could reasonably be expected for a case to remain in any one status, under usual circumstances:

Status	Months	
00	2	(For D.S.B. 3 months)
02	4	(For D.S.B. 6 months)
06	18	
10	6	
12	2	
14	18	
16	18	
18	60	
20	6	
22	3	
24	6	

Counselors should review the Caseload Report Summary on a monthly basis to determine whether any case has remained in a particular status for longer than the number of months shown on the chart. If so, the counselor should review the casefile to see whether the case is proceeding satisfactorily with no additional or corrective action needed at this time. Any needed actions are to be taken as soon as possible, in order to prevent inappropriate delay in provision of services to the individual. Hopefully, this monthly review will help the counselor to provide effective and expeditious services to each person on the caseload.

The Counselor Work Record and other documentation in the casefile should <u>always</u> reflect current activity and rationale for a case being in a particular status, regardless of whether the "time-in-status" guidelines are exceeded. Cases which remain in a given status for an excessive period of time will be reviewed by the Area Supervisor to determine whether there are problems involved in the management of those cases, and if so, what corrective actions are needed.

I-3

Action Plan

1. OBJECTIVE: To improve consultation services in relation to diagnostic study and certification.

   METHOD: Area Supervisor will provide training to A.M.C. utilizing the recently developed training materials.

   Dottie Rice will present the mini training sessions on "Utilization of Medical Consultation" to counseling staff and AMC.

   Area Supervisor will review written consultation provided by the AMC for at least 3 months following training and provide guidance as needed.

   EVALUATION: Q.A. specialist will review the diagnostic study and certification on a sample of cases in which medical consultation was provided, following the training and assess whether improvements have been made since the last review.

2. OBJECTIVE: To evaluate the effectiveness of work evaluation/WAT programming provided to VR clients in XYZ Facility.

   METHOD: Q.A. specialist will review a sample of cases on clients who have been clients of XYZ Facility and provide a written report to the Area Supervisor.

   Area Supervisor will meet with facility personnel and together they will outline any needed corrective actions.

   EVALUATION: Q.A. specialist will return after an appropriate length of time and will review a new sample of cases that have gone through either work evaluation or WAT.

3. OBJECTIVE: To improve the quality of the written rehabilitation plans.

   METHOD: Mini-session on plan writing to be presented by Dottie Rice to counseling staff.

   Counselor X working with Counselors 1-6
   Counselor Y working with Counselors 7-13 to assist with plan writing.

   Lead Counselor review of plans for 4 months.

   EVALUATION: Q.A. specialist will review a random sample of cases in status 12 since plan writing sessions.

Action Plan

1. OBJECTIVE: To improve general case management of caseload #999.

   METHOD: Q.A. Specialist to review entire caseload and provide report to counselor and area supervisor.

   Area Supervisor and counselor devise corrective action plan with time frames established.

   EVALUATION: Q.A. Specialist to review a random sampling and assess extent of improvement since full caseload review.

2. OBJECTIVE: To improve written certifications by counseling staff.

   METHOD: Dottie Rice to present "Diagnostic Study and Certification" mini sessions to counseling staff at area meeting.

   EVALUATION: At the end of three months, Q.A. Specialist returns to review random sample of recently certified cases to evaluate effectiveness of training and review.

3. OBJECTIVE: To better utilize TF/SF money.

   METHOD: TF/SF Supervisor will present refresher training on TF/SF procedures.

   TF/SF Liaison will review a random sample of TF/SF cases on each caseload for a period of six month following training.

   EVALUATION: Q.A. Specialist and TF/SF Supervisor will review a random sample of TF/SF cases.

CASE REVIEW GUIDELINES

Division of Vocational Rehabilitation

April, 1980

I. Case Processing

A. Application/Diagnostic Study

- Check for signature of applicant.
- Check reported disability.
- Check time in statuses 00 and 02. Is case moving on a timely basis?
- Are inappropriate services, such as job placement services, being provided in status 02?
- For cases opened after March 1, 1980, was the client informed of the confidentiality of his case record?

B. Certification

Disability/Substantial Handicap to Employment -

- Check against CSR and back-up data. Is disability confirmed?
- Is the diagnosis provided by the "appropriate" doctor, e.g., is a mental disability confirmed by a psychologist or a psychiatrist.
- Are functional limitations either specified or obvious?
- Is there an assessment of the applicant's current health?
- Are necessary reports no more than 12 months old (3 months, now for general medical exam) prior to application?
- Are secondary disabilities addressed?; Were recommended exams obtained? Or was there an explanation on CWR for not obtaining them?
- Is substantial handicap for that individual confirmed?

Reasonable Expectation -

- Check medical/psychological prognosis and double-check any other factors mentioned.
- Assess logic for certification into 06 or 10 (check review date on 06).

SD/NSD -

- Check certification against CSR coding.
- If SD, is it explained in RSA's terms and is this "backed up"?
- Was the accurate 3-digit code number used on CSR?
- If NSD, is this correct?

Check date and status on CSR/CWR to match with Certification.

C. Plans

1. Written plan

- Note the time lapse between Certification and initial Plan of Service.
- Check CWR for plan development sessions and explanation of vocational goal chosen.

Is a Review date scheduled? Is it correct?

Vocational goal - Rehabilitation/Extended Evaluation. Is goal feasible? (Is goal for Extended Evaluation "To be determined") Check CWR, psychometrics, high school transcripts, etc. plus explanation of substantial handicap on Certification. Does the vocational goal take into account such things as current labor market situations? If client is interested in self-employment, have SBE procedures been followed?

Intermediate Objectives - Are appropriate objectives identified?

Services - Are nature of services specified, along with dates/duration? Are all recommended services included? If not, is there an explanation on the CWR?

- Do services match objectives?

- Do services match diagnostic information and recommendations? If not, check for explanation (usually on CWR).

Criteria - Do they match objectives and services? Are they understandable?

Signatures - Are appropriate signatures on the plan? (NOTE: Remove any signed, blank plan forms, FPA's, Employment Questionnaires and explain to counselor.)

2. Follow-Through

- Were criteria applied? (Progress or grade reports, medical/psychological reports, counselor/client contact, etc.)
- Does CWR show review done as scheduled? 90 days for extended evaluation plans and certifications.
- Were plans amended when needed and at least every 12 months?
- If amended plan says "Same as previous plan", does this make sense?
- Is there a current plan? One is needed even if services are not being purchased, unless case is in status 24.
- Are placement services being provided when appropriate?
- For cases in status 14, were "counseling and guidance" sessions recorded on CWR?

NOTE: Again, check status and dates --- 12, 14, 16, 18, 20, 22, and 24. CSR status should match current activity. This is extremely important if caseload management is being done via statuses and length in status as shown on computer print-out.

D. Fiscal Documents

- Are past fiscal year's transactions reconciled?
- Is present Fiscal Recap Sheet current? Are there any outstanding authorizations that could be reconciled? Is vendor contact needed?
- Check nature and date of service with plans to see that we are not purchasing services not included on plan (usually maintenance/transportation and incidentals like glasses, calculator, etc.) Okay to buy short term diagnostics without being on plan.
- Check verification for supportive services (maintenance and transportation, etc.) prior to Claim Vouchers for DMS. On more recent ones, check claim vouchers and statements on RS-1. Also, is "maintenance/

transportation" being used for other things (tools, tuition, medical services, etc.) to avoid time factors and paperwork?
- Have proper procedures been followed for oral authorizations?
- Match written reports from Drs., Psychologists, hospitals, etc. with billings, claim vouchers, and RS-1's and double-check dates of respective documents.
- Match prescriptions/recommendations for physical and mental restoration with RS-1's.
- Check for client receipts, when needed.
- Proper signatures on RS-1's --- Area Supervisor/State Office, when needed.
- Excessive back-dates? If so, is there a common reason? Are there justification memos?
- TF/SF/Title I--- Is program appropriate? (See below).
- Have appropriate chargebacks been done?
- Has BEOG, State Scholarship and other similar benefits been pursued, when appropriate?

E. Trust Fund/Security Fund

- Check counselor survey form and TF/SF section regarding Social Security disability benefits. If not receiving SSDI/SSI, just make sure RS-1's are for program 1 and that CSR Line C is current.

If receiving SSDI/SSI,

- Check Line C of the CSR to see that it is current.
- Check request for verification on 1407 or 1408 (allowances only). If DD referral, is packet in file; has 1407 been completed?
- If beneficiary, and case is in status lower than 12, check to see that TF/SF money is being utilized. All beneficiaries are eligible for D&E out of TF/SF, unless SGA has been eliminated as possible vocational goal.
- If TF/SF is being used, check for strong likelihood document.
- Check TF/SF Entitlement coding on CSR. "S" if TF/SF is being spent below status 12 and "B" if no TF/SF is being spent.
- If beyond 12, check to see if entitlement code reflects case service funding status: O-Not Allowed SSI/SSDI, B-Beneficiary during VR process but not currently eligible for TF/SF, no supportive documentation or does not meet SSD, S-Eligible for TF/SF under Strong Likelihood, C-Eligible, certified, meets SSC verification is in file. (C is not changed, but "term" can be entered.)
- There should be official SSA verification in file by status 12, but if not, strong likelihood can still be used if desirable. If so, entitlement code should remain "S" on CSR.
- Check Statement of Conformance and whether all 4 criteria are completed and appropriate if case is in status 12 or above and vocational goal is SGA. NOTE: All SSI/SSDI beneficiaries must be certified meets/does not meet SSC and Statement of Conformance must be signed and approved. (Certifying a client as meeting SSC does not necessarily imply that TF/SF is being spent.)

II. Common Observations of counselor/area practices/problems after review of several cases.

- Check for proper utilization of medical consultation.

- Check for utilization of particular vendors.
- Check for the use or effectiveness of facility services.
- Check the amount of client contact. If this is a problem, is it related to a particular status or at points when client/vendor is to make next move. Note the nature of client contact --- phone, office, home, training site, form letters, employment questionnaires, etc.
- Can general findings be combined with computer print-out information for direction in caseload management?
- Is there inappropriate use of statuses (e.g. status 14 with no recorded counseling and guidance sessions.)
- Note the use of any "unofficial" forms or form letters.

Counselor ____
Month ____
Caseload ____

WORK ACTIVITY/PLANNING REPORT

I. IWRP Monitoring

A. Lapsed

	Name	Date	Type	563 Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

B. Due This Month

	Name	Date	Type	563 Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

C. Due Next Month

	Name	Date	Type	563 Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

II. R-519 Report

A. "00" (30 plus days)

	Name	Date 00	563 Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

B. "02" (90 plus days)

	Name	Date 02	563 Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

C. "10" (60 plus days)

	Name	Date 10	563 Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

D. "22" (60 plus days)

	Name	Date 22	563 Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

E. Other Work Activity Plans

	Name	What	563 Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

COUNSELOR NAME & ASSIGNMENT:

REPORTING OFFICE: _____ REPORTING PERIOD: _____ THROUGH: _____

CASELOAD																TRANSFERS				ASSIGN		06	ELIG		CLOSURES						REFERRAL BACKLOG	ACCEPTANCE RATE	REHAB RATE
+1 mo	+3 mo	+18 mo	+3 mo	+18 mo	+3 mo	+6 mo		+3 mo	+3 mo	+3 mo	TOTAL	00 02 06	10 24	SD	IN		OUT				RP/TD			08	28	30	26		26 SD			
00	02	06	10	12	14	16	18	20	22	24		% No	% No	% No	RP	TD	RP	TD	RP	TD		RP	TD	RP/TD	RP/TD	RP/TD	RP	TD	No.			

DURING THE REVIEWING PERIOD, ATTACH NOTES OR COMMENTS HERE

STATE OF IOWA

CONFIDENTIAL PERFORMANCE REVIEW/EVALUATION

(Managers, Supervisors and Non-Supervisors)

SECTION A

RESPONSIBILITIES AND STANDARDS/RESULTS EXPECTED

NOTE: Please Type or print

1 EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)	2 SOC SEC NO	3 MERIT CLASSIFICATION	4 AGENCY/INSTITUTION	5 DIVISION
		Counselor	Dept. of Public Instruction	RESB

6 UNIT	7 WORK LOCATION	8 PAYROLL POSITION NUMBER (10 Digit Number)	9 ENTRY DATE IN CLASSIFICATION	10 PERIOD COVERED BY EVALUATION	11 PURPOSE OF EVALUATION
				FROM 6/1/80 TO 5/31/81	Performance Improvement

INSTRUCTIONS: Section A is to be completed at the BEGINNING of the evaluation period. It MUST be discussed with and signed by the individual being evaluated. Employee's copy is given to the individual IMMEDIATELY following the conference. Other copies are HELD by the Supervisor until the END of the evaluation period when they are ATTACHED to Section B. See separate Instruction Sheet and Manual for detail.

12. Responsibilities: From job description and classification specification or other.			13. Standards and Results Expected: (Conditions which will exist when the job is done satisfactorily. Several Standards for each responsibility)
No.	%*	MAJOR RESPONSIBILITIES	STANDARDS/RESULTS EXPECTED
1	20	To explain vocational rehabilitation services and client rights and responsibilities for each referral soon after assignment so that referrals have sufficient information about VR services to choose whether or not to become an applicant.	A. VR services have been explained to referrals soon after the assignment date. Method: Records will be maintained of calendar days elapsed from date of assignment thru date of R-413 entry verifying that services were explained. Mean elapsed days per case to be computed. Exception: For transfers in (Status 00), date of transfer will be substituted for date of 00. Rating: Average days elapsed 14 or less 5 15 to 24 4 25 to 30 3 31 to 45 2 46 or more 1 B. Each case record moved to Status 02 includes a properly dated and signed R-2, a signed document requesting VR services, or the R-413 section includes an explanation of the client's refusal to sign an R-2. Method and Rating: Any exception, when observed and recorded by the Supervisor, will reduce the otherwise final rating for Standard A by 0.5.
2	20	To complete intakes and move applicants to	A. Each case record moved to Statuses 06, 10, 08 has

12. Responsibilities: From job description and classification specification or other.			13. Standards and Results Expected. (Conditions which will exist when the job is done satisfactorily. Several Standards for each responsibility)
No.	%	MAJOR RESPONSIBILITIES	STANDARDS/RESULTS EXPECTED
		Status 06, 08, or 10 in a timely manner and in accord with the Client Service Manual and Procedural Handbook so that applicants are appropriately advised regarding their eligibility and the decisions are supported by documentation in the case record.	been processed in accord with the RESB Procedural Handbook. Method: Supervisor to apply review form to a sample of cases. Review findings to be shared with counselor. Rating: Percentage Adequate to Total — Scale 98 - 100 — 5 96 - 97 — 4 94 - 95 — 3 90 - 93 — 2 0 - 89 — 1 B. Determinations of eligibility, acceptability for extended evaluation and ineligibility are made reasonably soon after the date of application. Method: Records will be maintained of calendar days elapsed from date of 02 to 08, 02 to 06 and 02 to 10. Mean elapsed days per case to be computed. Exceptions: For transfers in, date of transfer will be substituted for date of 02. Rating: Average days elapsed 44 or less — 5 45 to 74 — 4 75 to 104 — 3 105 to 134 — 2 135 to 155* — 1 NOTE: Ratings for Standards A & B to be averaged to establish overall rating for Responsibility 2 (carried to 1 decimal). * Delays in processing due to Agency funding problems or unique circumstances are to be handled in accord with Supervisory Handbook Instructional Memo dated 5/21/80.

12. Responsibilities: From job description and classification specification or other.			13. Standards and Results Expected: (Conditions which will exist when the job is done satisfactorily. Several Standards for each responsibility)
No	%	MAJOR RESPONSIBILITIES	STANDARDS/RESULTS EXPECTED
3	20	To develop and maintain a timely IWRP with each eligible client (and 06) which is in accord with the Client Service Manual and the Procedural Handbook so that planned services may be received and client progress may be assessed.	A. Each IWRP R-1A, B and C has been developed and maintained according to RESB Procedural Handbook and in response to client needs. Method: Supervisor to apply "review form" to a sample of IWRP's with any deficiencies noted and shared with counselor. Rating: Percentage Adequate to Total / Scale 98 - 100 / 5 96 - 97 / 4 94 - 95 / 3 90 - 93 / 2 0 - 89 / 1
4	20	To effect timely placement and/or termination of services appropriate to IWRP goals so that clients achieve suitable vocational objectives.	A. Each client determined to be placement ready (Status 14 and 20) has received and/or is receiving in accord with the RESB Procedural Handbook such placement services as are necessary and available. Method: Supervisor to apply a review form to a sample of records held in Status' 14 and 20. Review findings to be shared with counselor. The percentage of "adequate" to "total" is computed. B. Each casefile moved to Status 08 from 06, 26, 28 and 30 includes documentation that applicable standards for termination of service have been met. Method: Supervisor to apply a review form to a sample of casefiles closed 08 from 06, 26, 28, and 30. Review findings to be shared with counselor. The percentage of "adequate" to "total" is computed. Rating: Percentages earned in A & B above to be averaged and rated as follows:

12. Responsibilities: From job description and classification specification or other.			13. Standards and Results Expected: (Conditions which will exist when the job is done satisfactorily. Several Standards for each responsibility)
No	%	MAJOR RESPONSIBILITIES	STANDARDS/RESULTS EXPECTED
			Adequate to Total — Scale 98 - 100 — 5 96 - 97 — 4 94 - 95 — 3 90 - 93 — 2 0 - 89 — 1
5	20	To know and adhere to established procedures and conduct in the practice of rehabilitation counseling so that confidence and respect from consumers, the public, other professionals and the employers may be maintained.	A. Monthly work plans and weekly itineraries have been completed, with prescribed time frames, with revision as appropriate, and submitted to supervisor for approval. B. No established work rules have been violated. C. Action plans based on principles of effective caseload management and developed in conjunction with the supervisor have been carried out. Method: Supervisor to review adequacy and timeliness of work plans and itineraries, violations of work rules to be recorded. Action plans to be written and retained for the evaluation period. Rating: Satisfactory performance (3 rating) is a minimum expectation. Ratings of 4 and 5 or 1 and 2 will require specific justification.
	100%		

14. This section was discussed with me at the beginning of the evaluation period and I have been given a copy for my personal use during the upcoming period.

Employee: _____ Date: _____

The above responsibilities and results expected were developed by:

Supervisor: _____

Title: _____ Date: _____

NOTE: Weighted percentage expressed as a decimal (importance of a responsibility compared to others. Total 100%)

DISTRIBUTION: WHITE—Employee's Copy—Given immediately
Held until the end of the Evaluation Period: CANARY—Supervisor's Copy; PINK—Merit Copy; GOLDENROD—Agency Copy

M-12 (3-77)

I-4

CSN _____
CASE _____
DATE _____

CASEWORK PERFORMANCE REVIEW
"10", "06", "08" from "00-02"

I.	Adequate	Not Adequate
1. Intake Data Recording		
a. Procedurally correct __		
b. Complete __		
2. Disabling Condition(s) - Limitation(s)		
a. All disabilities described __		
b. Resulting functional limitations __		
3. Vocational Handicap		
a. How limitations are/are not handicapping __		
b. Handicap is/is not substantial __		
4. Reasonable Expectation		
a. Supporting rationale __		
5. Certification (R-413 Face Sheet)		
a. Disabilities identified, coded, source, dates __		
b. Certification boxes checked, signed, dated __		
6. Severely Disabled		
a. Correct designation __		
b. Supportive rationale as required __		
7. Medical Consultation		
a. Reviewed by consultant __		
b. Issues reconciled __		
8. Client Notification		
a. Done as required __		
b. Informed of rights __		
9. Timeliness-decisions made and actions carried out consistent with availability of pertinent information		
10. Form Completion		
a. SSA-SSI __		
b. R-2/Release __		
c. CSR-300 __		

II. REVIEWER COMMENTS:

Reviewer _____

III. COUNSELOR COMMENTS:

R-601 7/79

Date _____ Signed _____

CSN _____
CASE _____
DATE _____

CASEWORK PERFORMANCE REVIEW
Individual Written Rehabilitation Program

I.

	Adequate	Not Adequate
1. Reasons for Vocational Objective (or goal of 06)----------	_____	_____
a. Experience, skill, aptitude __ b. Interests __ c. Compatible to disability __ d. Job availability __ e. Meets income requirements __ f. Assessment of Job Readiness (Job ready St. 14 & 20) __		
2. Objectives----------	_____	_____
a. Procedurally correct __ b. Include necessary objectives to achieve goal __ c. Required (placement) __ d. Criteria for review __		
3. Activities----------	_____	_____
a. Appropriate to objective __ b. Time frames __ c. Action statement with assigned responsibility __ d. Include necessary services to achieve objective __		
4. Dates----------	_____	_____
a. Realistic __ b. Procedurally correct __		
5. Reviews----------	_____	_____
a. Purpose indicated, timely __ b. Pertinent to Objectives & Activities __ c. Procedurally correct __ d. Planned activities carried out __ e. New Objectives or Activities as needed __ f. Assess or reassess job readiness __ f. 90 Day Minimum (St. 06, 14, 20, 24) __ h. Supervisory consultation incorporated (St. 14 & 20) __		
6. Financial Planning/Authorization----------	_____	_____
a. Authorization drawn and correct __ b. Trust Funds designated __ c. Financial Inventory as required __ d. Similar benefits sought __ e. BEOG response __		
7. Placement Resources Utilized (Job ready Statuses 14 & 20)--------	_____	_____
a. Job Services__ b. CETA__ c. Training facility__ d. In-House__ e. Tax Credits__		
8. Process Items----------	_____	_____
a. Client view included __ b. IWRP signed & dated __ c. IWRP Goal indicated __ d. Basis for eligibility checked __ e. Copies to client __ f. Correct status __		
9. Timeliness - decisions made and actions carried out consistent with availability of information	_____	_____
10. Form completion----------	_____	_____
a. SSDI-SSI (414, CSR-300) __ b. Training & Progress reports obtained __ c. Worker's Comp __ d. Acceptance forms __ e. OJT description __		

II. REVIEWER COMMENTS:

III. COUNSELOR COMMENTS:

Reviewer _____

R-602 (revised 2/81)

Date_____Signed _____

I-4

CSN _____
CASE _____
DATE _____

CASEWORK PERFORMANCE REVIEW
"26", "28/30", "08" from "06"

I.

	Adequate	Not Adequate
1. Description of Services Provided----------	_____	_____
a. Evaluation and diagnosis __ b. Counseling & Guidance __ c. Training __ d. Restoration __ e. Placement, etc. __		
2. Outcome of Services----------	_____	_____
a. Resulted from VR services __ b. Services provided SUBSTANTIAL __		
3. Description of Benefits received----------	_____	_____
a. Physical adaptation __ b. Personal adjustment __ c. Educational development __ d. Economic improvement __ e. Communication __		
4. Goals and Objectives----------	_____	_____
a. IWRP objective met __ b. Vocational goal met __		
5. Closure Rationale----------	_____	_____
a. Client employed __ b. Lost contact __ c. Other reasons __		
6. Suitability of Employment (26's)----------	_____	_____
a. Work and disability compatible __ b. Appropriate work skills __ c. Working conditions & disability compatible __ d. Appropriate wage & working conditions __ e. Client/employer satisfaction __ f. Employment regular & permanent __		
7. Client Rights----------	_____	_____
a. Annual review (sheltered) __ b. Annual review (2,8 or 9) __ c. Right to administrative review __ d. Referral to other agency __		
8. Closure and Post Closure----------	_____	_____
a. Client views of closure __ b. Job data __ c. Post employment (explained, purpose and time) __		
9. Timeliness-decisions made and actions taken consistent with availability of information----------	_____	_____
10. Forms----------	_____	_____
a. SSI/SSDI __ b. Prosthetics/equipment acceptance __ c. Face Sheet (08 from 06) __ d. R-302 __		

II. REVIEWER COMMENTS:

Reviewer _____

III. COUNSELOR COMMENTS:

R-604 7/79

Date 72 Signed _____

K-2

Kentucky Department of Education

Raymond Barber, Superintendent of Public Instruction

April 9, 1981

Ms. Susan Stoddard
Project Director
Berkeley Planning Association
3200 Adeline Street
Berkeley, California 94703

Dear Ms. Stoddard:

In the Kentucky agency, our monitoring for time in status is chiefly confined to 06 and 24. Days in status are reported on a monthly computer run as a part of routine information transmittal. We have taken the approach of focusing upon outcome of casework rather than process and as a part of this focus we are working upon modifications of the traditional status structure to allow the counselors greater professional freedom.

Our Quality Assurance Unit functions within our Division of Support Services and has the responsibility of assuring compliance with federal and state regulations and policies. Caseload reviews are done on a district basis, using a randomly selected overall sample, rather than to focus upon individual counselors. The review team is composed of the two central office quality assurance personnel and one member of the field staff chosen separately for each review. We feel this adds both an additional measure of field credibility and a training component. The review form used is enclosed. At the conclusion of the review, an exit staff meeting is held at which a summary of findings is given and discussed. The team's report (along with the completed forms) is sent first to the District Manager for reaction. The final report including the reply is circulated among appropriate central office staff.

Standards used in review are largely confined to the current federal regulations. As an agency we have committed our efforts to quality vocational rehabilitation within the regulatory framework rather than any undue emphasis upon quantity production.

Thank you for the opportunity to discuss our program. Should any additional information be required, please feel free to contact me.

Sincerely,

Paris E Hopkins

Paris E. Hopkins, Bureau Head
Bureau of Rehabilitation Services

PEH/MJH/mae

Enclosure

Kentucky Department of Education, Capital Plaza Tower, Frankfort, Kentucky 40601

K-2

BRS-20
(Revised 11/1/80)

BUREAU OF REHABILITATION SERVICES
CASE REVIEW DOCUMENT

Date _____

Current Counselor _____

Office _____

District Manager _____

Caseload # _____

Client's Name _____

Case Number _____

Referral Source _____ Code _____

Primary Disability _____ Code _____

Secondary Disability _____ Code _____

Coded Severely Disabled ____YES ____NO

S.D. Criteria met (e.g. A4 & B2A) _____

Age at Referral _____ Sex _____ Education _____

Reviewer: _____

Case Movement Status	Date
00	
02	
06	
08	
10	
12	
14	
16	
18	
20	
22	
24	
26	
28	
30	
32	

Progress Notes	YES	NO	NA	Comments
*1. If case is in active status, are vocational counseling and placement sessions documented adequately?	___	___	___	
2. If indicated as necessary, do documented counseling sessions show exploration of vocational alternatives?	___	___	___	
3. Do Progress notes show client-counselor discussion of and development of IWRP and any amendments?	___	___	___	
4. How long ago, in months, was last recorded contact between counselor and client?	_____			

Note: Wherever the terms adequate, substantial, timely, or efficient are present, the subjective judgement of the reviewer is indicated.

* Denotes federal requirements.

Eligibility	YES	NO	NA	Comments
*5. Is an adequate general medical report, indicating a review of all systems present?	—	—	—	
*6. If indicated by circumstances or by the general medical, are appropriate specialist's (psychologists, psychiatrists, surgeons, etc.) reports present? (Indicate deficiencies)	—	—	—	
*7. Do these reports indicate the presence of a medically recognized disability?	—	—	—	
*8. Does medical information indicate the condition to be stable or slowly progressive?	—	—	—	
9. Are functional limitations, as they relate to employment, adequately described by the counselor?	—	—	—	
10. Is SD or Non-SD properly coded?	—	—	—	
11. Are primary and secondary disabilities properly coded?	—	—	—	
*12. If in status 10 or above, has the counselor indicated a rationale for eligibility using the two criteria? (i.e. substantial handicap to employment and reasonable expectation)	—	—	—	
*13. Is a proper certificate(s) of eligibility present?	—	—	—	
Economic Need				
14. If any service indicated requires consideration of economic need, was an adequate determination completed?	—	—	—	
15. Has economic need been reviewed as needed?	—	—	—	
Extended Evaluation				
*16. If 06 was (is being) used, are reviews recorded as necessary?	—	—	—	
17. Was (is) any evaluation provided during time in 06?	—	—	—	
*18. Was extended evaluation terminated after a period not longer than 18 months?	—	—	—	
IWRP				
19. Vocational Objective _____/Code_____				
20. Is anticipated date of employment given?	—	—	—	
21. Has the counselor adequately shown how this vocation was selected and why it is appropriate?	—	—	—	

		YES	NO	NA	Comments
22.	At the time of IWRP-3 development, does the case information indicate the client could have achieved reasonable satisfactory peer-level employment without the aid of V.R. services?	—	—	—	
*23.	Are steps toward goal clearly identified in terms of client's functional limitations?	—	—	—	
24.	Are services to be provided by BRS clearly identified?	—	—	—	
*25.	Are measures of progress with time frames relating to the steps clearly stated in terms of observable performance?	—	—	—	
*26.	Is the client's financial responsibility and use of similar benefits clearly shown?	—	—	—	
*27.	Are the client's other responsibilities in the execution of the program clearly shown?	—	—	—	
28.	Has placement been planned as an integral part of the IWRP? (See CSM, Section H IWRP-3(5))	—	—	—	
*29.	Does the IWRP include client views toward program?	—	—	—	
30.	Are follow-up services clearly planned as part of the program?	—	—	—	
*31.	If IWRP-3 is over one year old, are results of an annual review present?	—	—	—	

Homemaker

32.	Does information on Homemaker's Activity Chart agree with stated functional limitations?	—	—	—	
33.	If client living alone is being served as a homemaker, does case record show clearly that he/she is being prepared to function in homemaking duties rather than self-care only?	—	—	—	
34.	If the individual's vocational objective was changed to homemaker during the rehabilitation process, does the case record show that substantial rehabilitation services were provided and that these services contributed significantly to the client's vocational adjustment as a homemaker?	—	—	—	
35.	Did the case record show evidence of a personal contact to verify the client's performance as a homemaker?	—	—	—	

	YES	NO	NA	Comments
IWRP-4				
36. If used for plan amendment, does the IWRP-4 include a summary of services to date and an indication as to client progress?	—	—	—	
37. If used for plan amendment, does the narrative indicate what client is to receive, from whom he/she is to receive it, and why he/she is to receive it?	—	—	—	
38. If employment objective is being changed, does amendment narrative state specifically why this vocational goal is more suitable and how this was determined?	—	—	—	
SSDI-SSI Documentation and Verification				
*39. If client is receiving SSDI and/or SSI benefits, has verification been requested and/or received?	—	—	—	
*40. Has the BRS-31 been properly completed by counselor and signed by District Manager?	—	—	—	
41. If yes to both above, has client been placed on Trust Fund or SSI funding (proper budget)?	—	—	—	
42. If client has been evaluated with SSDI-SSI funds on the basis of "strong likelihood", does the case file contain one of the necessary documents showing an allowance that is dated within the past 6 months?	—	—	—	
*43. If at any time prior to closure client no longer meets selection criteria, was he/she terminated from funding?	—	—	—	
BRS-11				
44. If client has been in a facility, was BRS-11 executed placing client in and removing him/her from facility?	—	—	—	
EP-8				
45. Are EP-8s properly completed?	—	—	—	
Job Development and Placement				
46. Does case record show significant counselor involvement in job development?	—	—	—	
47. Does case record show adequate counselor follow-up after placement?	—	—	—	
Interrupted Service				
48. If case is (has been) in status 24, was case reviewed every 90 days?	—	—	—	

Closure Documentation	YES	NO	NA	Comments
49. Does closure summary, IWRP-4, include all required and necessary information?	—	—	—	
*50. Was vocational guidance and counseling provided as essential VR service?	—	—	—	
51. Does vocation at closure agree with latest objective?	—	—	—	
52. Were services provided by this agency related to client obtaining job indicated on the BRS-300?	—	—	—	
*53. Was client suitably employed at least 60 days prior to closure? (Must include basis for determination of suitability)	—	—	—	
54. If necessary were services provided in status 32?	—	—	—	
*55. If closed due to lack of disability, handicap or potential, are these reasons for ineligibility explained in writing to the client?	—	—	—	
*56. If closed non-rehabilitated, is evidence present of consultation with the client, parent or authorized representative?	—	—	—	
57. If SSDI-SSI funded case which has been closed 26, was client's income at least current SGA at closure?	—	—	—	
*58. If closed as ineligible, was the client notified of the right to appeal?	—	—	—	
General				
59. Are all documents properly completed, dated and signed/ countersigned? (indicate deficiency).	—	—	—	

Summary and Comments

K-3

Commonwealth of Kentucky
Bureau for the Blind
State Office Building Annex
Frankfort, Kentucky 40601
502-564-4754

Charles W. McDowell
Executive Director

April 10, 1981

Dr. Susan Stoddard
Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley, California 94703

Dear Dr. Stoddard:

We are very happy to contribute to your work in the refinement of VR standards. However, you will probably find that our current approach to "case flagging" and "quality assurance" represents a significant departure from more traditional VR systems.

We were previously so impressed by Berkeley Planning Associates' recommendations on the General Standards that we used it to develop a QC model for our own management use. Our Management Information System, modeled after the Kentucky Bureau of Rehabilitation Services and the Oregon General Agency System proved valuable in flagging "months in status" problems and probable incident of exceptional expenditures. Quite simply, we ran a quarterly profile on all counselors and used comparative analysis to go from there to identify significant problems. Management by Exception, call it if you will! However, as sophisticated as our system was, we experienced little improvement in our essential work. As you know, the heart of the VR contribution is the mutual counselor-client development of a substantial and individualized regime (I.W.R.P.), based to overcome behavioral limitations exposed in diagnostic studies (eligibility), leading to suitable employment. Our MIS and our QC approach simply could tell us little about these most important areas. It is very possible, we have found, to ring off smoothly without flaggs and QC exceptions and still have inaccurate eligibility, inappropriate I.W.R.P., and unsuitable placement. You can even have a 95% client satisfaction rate with poor counseling as long as you grind out the services in a timely manner.

So, after some rather long soul-searching we have junked the General Standards system and our MIS printouts for standards developed in the "Georgia Management Control Project". Since you probably know about this system, developed by James Ledbetter (SD Georgia), we need not tell you more. Anyway our turn around has been remarkable. By stressing these standards, monitored by case review, and by putting professional expectations of Eligibility - I.W.R.P. - Placement up front of status control, acceptance rate, etc., we are

beginning to see real outcome improvement. We have run the Georgia Control as a test in FY 1980, and the most notable improvement has been increased professionalism among staff and a better quality of worklife. Oh yes, our former problems of status control, acceptance rates, and audit exception have become insignificant.

For our state-operated rehabilitation facilities we have implemented the CARS system, but we have simulated GMCP standards for rehabilitation teaching staff.

I hope that this information will be useful to you.

Sincerely,

Charles W. McDowell

Charles W. McDowell
Executive Director
Bureau for the Blind

CWMcD/ER/paa

attachments

415 Aderhold Hall
U. Georgia
Athens, 30602
Ga.

REHABILITATION COUNSELOR PERFORMANCE STANDARDS

30.1 GENERAL INFORMATION

The performance standards for Rehabilitation Counselors with the Bureau for the Blind are based upon the successful practices of the rehabilitation counseling profession:

accuracy in eligibility-ineligibility determination.

appropriate and substantial services provided to handicapped clients.

appropriate utilization of case service funds and similar benefits.

successful placement of individuals into employment.

Five specific standards have been identified as minimum requirements expected in counseling practice.

30.2 STANDARD NUMBER 1 - ELIGIBILITY DETERMINATION

Objective: To maximize the accuracy of eligibility determination.

Criteria for Assessment of Standard

A.	Presence of medical documentation of primary and secondary disabilities.	Yes/No	30%
B.	Presence of description of how disability constitutes vocational handicap. State physical and/or psychological limitations in behavioral terms.	Yes/No	35%
C.	Presence of specific rationale for reasonable expectation for substantial gainful activity (Documentation of work history, demonstrated work habits, transferability of skills, stability of previous employment, effects of secondary disabilities, client expectations, medical prognosis).	Yes/No	35%

95% accuracy needed for meeting the minimum requirements for this standard.

30.3 STANDARD NUMBER 2 - INELIGIBILITY DETERMINATION

Objective: To maximize the accuracy of ineligibility determination.

Criteria for Assessment of Standard

A. Documentation and rationale as to why one or more of eligibility criteria are not met, including annual review if closed "handicap too severe." Yes/No 90%

B. Documentation of client notification of right of appeal, including notification to referral source. Yes/No 10%

95% accuracy needed for meeting the minimum requirements for this standard.

30.4 STANDARD NUMBER 3 - IWRP DEVELOPMENT

Objective: To maximize appropriate and substantial services provided handicapped clients.

Criteria for Assessment of Standard

A. There will be documentation for the stated vocational goal of client (i.e., consideration of past work history, assets, liabilities, transferable skills, stability and motivation, medical prognosis, result of any evaluation, aptness of goal as related to community job resources, etc.). Yes/No 20%

B. The objectives and services described in the original plan will be consistent with the functional limitations described in eligibility determination. Yes/No 20%

C. There will be time frames established in the original plan for specific objectives and for the total goal. Yes/No 20%

D. There will be evidence of client involvement in the IWRP formulation and execution. Yes/No 20%

E. The methods for measurement (evaluation criteria) will be described in observable terms. Yes/No 20%

85% accuracy needed for meeting the minimum requirements for this standard.

30.5 STANDARD NUMBER 4 - FINANCIAL ACCOUNTABILITY

Objective: To maximize the appropriate utilization of case service funds.

Criteria for Assessment of Standard

A. Provision of services consistent with agency policy and fees. Yes/No 50

B. Documentation of expenditure of appropriate funds. Yes/No 50

95% accuracy needed for meeting the minimum requirements for this standard.

30.6 STANDARD NUMBER 5 - OUTCOME MEASUREMENT

Objective: To measure counselor performance based on client outcome.

Criteria for Assessment of Standard

A. The distribution of status 26 closures shall reflect the overall mission and objectives of the Bureau for the Blind:

* 70% of all status 26 closures shall be competitively employed (competitive labor market, small business or Business Enterprises Program), above SGA income level.

* 15% of all status 26 closures shall be competitively employed, above SGA income level, from SSI, SSDI, or Workman's Compensation.

* 60% of all status 26 closures shall be Severely Disabled.

B. Outcome of status 26 closures shall be measured by weighted values:

* Competitively employed, SGA from SSI, SSDI, W.C.
Value 18

* Competitively employed, SGA, non SSI, SSDI, or W.C.
Value 7

* Non-competitively employed, non SGA, Homemaker, Sheltered Employment, Unpaid Family Worker.
Value 3

C. Outcome performance shall be measured according to goal achievement and may be met either by case count or outcome measure.

* EXAMPLE: Counselor X and Supervisor Y agree on the following standards of outcome performance:

GOAL PERFORMANCE

Performance in total closures by agreement.

26 Closure	Case Count	Value Each	Outcome Measure
SSI/SSDI, W.C.	3	18	54
Competitive Employment	11	7	77
Non-Comp. Employment	6	3	18
TOTALS	20		149

Performance shall be either by case count or outcome measure.

Counselor X may achieve performance goal by either reaching case count, 20 closures as indicated, or any combination of closure values that would reach an outcome measurement of 149 points.

30.7 INDEPENDENT STATUS

Counselors who meet minimum requirements for standards shall function with only minimal supervision.

30.8 SYSTEM OF REWARDS

Rehabilitation Counselors shall be appropriately rewarded for performance:

* Promotion: As a condition of promotion to Principal Counselor all of the minimum standards of performance must be met.

* Inadequate Performance: Provision will be made for correcting inadequate performance, and counselors whose inadequate performance cannot be corrected shall be separated. An uncorrectable, inadequate performance is defined as an inability to meet all of the minimum standards for a period of two years.

* Rewards: Merit salary increases shall be provided on the basis of counselor performance in meeting all of the minimum standards of performance and the realization of outstanding performance in outcome measures in Standard #5.

K-5

30.9 COUNSELOR REVIEW

Counselor performance according to standards shall be determined through an annual review of cases provided a review team selected by the Director of Client Services. Counselors shall be provided with written statements for each case reviewed and shall be given the opportunity to defend their work before any review becomes final.

Counselor Review Guidelines are included at the end of this section.

M-1

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333

MICHAEL R. PETIT
COMMISSIONER

ADDRESS REPLY TO:

32 Winthrop Street
Augusta, Maine 04330
207-289-2266

May 11, 1981

Susan Stoddard
Berkeley Planning Associates
3200 Adeline Street
Berkeley, California 94703

Dear Ms. Stoddard:

This is an answer to your letter about caseload monitoring systems. Attached are several numbered documents.

Case Flagging

Attachment #1 is a page from a counselor's Case List -- a computerized master-list. (Check it and you will see it is full of information, including a time-in-status history.) We use the counselor's Case List to flag cases of undue delay. Every 3 months our evaluation unit screens all caseloads for cases that have been in the same status much longer than normal. The result is given to my office. We give it to the two statewide program directors (General VR and Eye Care VR) and tell them to find out for each case:

1) Why the client has been in the same status so long;
2) What are we doing for the client - currently; and
3) How long before the client's case can be moved along.

Statistical Monitoring

We have a program monitoring process that operates monthly and is based on two reports. Check attachments #2 and #3. In this process, each line VR administrative level is treated as a single caseload, the person responsible for the caseload is treated as the caseload manager. (In other words, just as the 1st line supervisor treats the counselor.) Thus our statewide program directors are responsible for accomplishing the objectives set for their program, i.e., their caseloads. Attachment #2 is reported at all caseload levels: statewide, regional and supervisor unit; Attachment #3 also reports on counselor caseloads. What we do when we monitor the program directors, they are supposed to do with the regional directors, and they with their supervisors. (Note: the Regional Director is a second-line supervisor, so we have 3 levels of line VR supervision below my office.)

Asterisks in Attachment #2 and plus and minus signs in Attachment #3 are supposed to initiate a corrective action plan which the caseload manager's supervisor approves and which then becomes the basis of the supervisor's

May 11, 1981

Susan Stoddard
Berkeley Planning Associates

monitoring of the caseload manager. Attachments #2 and #3 are then used to measure the effectiveness of the corrective action plan. This is supposed to happen at all levels.

The "performance limit" in Attachment #2 is set as follows: At the 3-month point (3 months into the fiscal year), the caseload manager should make at least 60% of what was expected by that time, which is usually 1/4 of the year's total goal. At the 6-month point, it's 80%, at the 9-month point -- 100%. Thus 3/4 of the way through this year, we expect our caseloads to be on track, performing at the level we expected they'd be by that time. The rationale for this "shrinking" acceptable performance region is simple: the closer we get to the end of the year, the closer we need to be to where we expected to be (and vice versa), because as time goes on we have less and less time to make up deficits. This approach is realistic, and we hope it keeps the false alarm rate down.

Casework (Quality) Monitoring

Attachment #4 describes our Quality Control Process (QC). Since it was designed, we've converted to quarterly sampling and reporting and to an evaluation instead of a monitoring process; i.e., we try to find out what the causes are of casework problems the case reviews uncover, rather than simply identify the problem and leave it at that. The QC process is operated by our evaluation unit and reports to my office. This process focuses only on the two statewide programs*, treating each as a caseload and the program director as the caseload manager responsible and accountable for the quality of the casework sampled. *(We don't have the staff to apply the QC process below the statewide caseloads. This QC process can trigger additional case reviews, aimed at getting more to the bottom of problems uncovered at the statewide level, which could be done by 1st line supervisors or by rehabilitation consultants out of our State central office.) The other change we've made to the QC process design is to make this process look for causes of problems indicated by the Statistical Monitoring process. Thus the "quality" and "quantity" monitoring processes are linked.

If you have any questions about these reports and systems, contact my Deputy, Tom Longfellow. You can also contact Doug Cowie or Linda Wilcox of our Program Evaluation Office, 59 Court Street, Augusta, ME 04330. Their phone number is 207-623-8461.

Sincerely,

C. Owen Pollard

C. Owen Pollard
Director
Bureau of Rehabilitation

/llm
cc: T. Longellow

APPENDIX "A"

MARYLAND DIVISION OF VOCATIONAL REHABILITATION
QUALITY ASSURANCE IN CASELOAD MANAGEMENT

PROGRESS THROUGH VR PROCESS IN ORDERLY AND TIMELY FASHION	CLIENT NEEDS ARE MET TO EXTENT REQUIRED (SUBJECT TO RESOURCES AND PRIORITIES)	DECISIONS AND ACTIONS MADE IN THE NAME OF STATE AGENCY ARE PROPER	STATUS	ASSESSMENT CRITERIA (GUIDELINES)	
				Probability of Success "26" "33"	Probability of Non-Success "08" "28" "30"
				MONTHS	MONTHS
1. Referral	Appointments and information giving	Referral to applicant Status or "08"	00	2	6
2. Applicant	Orientation and diagnostic work-up	Eligibility or ineligibility, Extended Evaluation	02	3	6
3. Extended Evaluation	Additional diagnostic services	Eligibility or ineligibility	06	9	18
4. Acceptance	- Client notification of acceptance and assessment of evaluation data - Develop plan with client	IWRP completed or "30"	10	2	8
5. Plan Completed	Arrangement for initiation of services	Continuation of IWRP or "28"	12	2	4
6. Services	- Follow through on agreement (Jointly) - Amendments to IWRP	Verification of successful plan completion	14 16 18	10 6 12	15 12 15
7. Ready for Employment	Placement Assistance	Verification of job placement	20	4	9
8. Placement	Follow along services	Verification of minimum 60 days of suitable employment	22	3	6
9. Services Interrupted	Counselor contacts	Reinitiate services or "28"	24	3	6
10. Case Closure	Advising of closure and continued availability of services	Completion of closure forms and review of case by counselor & supervisor	26		
11. Post-Employment	Meeting additional needs of client	Verification of services and Closure "33"	32	6	6

MARYLAND DIVISION OF VOCATIONAL REHABILITATION
MONTHLY CASELOAD ANALYSIS

COUNSELOR: SUPERVISOR: REGION UNIT

FY_____	REFERRAL RATE	REFERRAL BACKLOG	ACCEPTANCE RATE	REHAB. RATE	REFERRALS			ACCEPTANCE			PLANS WRITTEN			REHABS.			S.D. REHABS.			
					ACTUALS	GOALS	%	ACTUALS	GOALS	%	ACTUALS	GOALS	%	ACTUALS	GOALS	%	ACTUALS	GOALS	%	
STANDARDS OF PERFORMANCE																				
OCTOBER																				
NOVEMBER																				
DECEMBER																				
JANUARY																				
FEBRUARY																				
MARCH																				
APRIL																				
MAY																				
JUNE																				
JULY																				
AUGUST																				
SEPTEMBER																				

The Referral Rate is established by adding the total referrals recorded on the STATMO 04/06 within a given time-period and dividing that number by the total months.

$$\frac{\text{TOTAL REFERRALS TO DATE}}{\text{NUMBER OF MONTHS}}$$

The Referral Backlog is established by adding the cases currently in "00/02" and dividing the total by the average number of decisions per month.

"Average number of decisions per month" is established by adding the number of cases accepted to date and the number of cases rejected to date (status "08") and dividing that total by the number of months. STATMO 04/06 is used to provide this data.

$$\frac{\text{CASES ON HAND ("00"+"02")}}{\frac{\text{ACCEPTED TO DATE + REJECTED TO DATE "(08)"}}{\text{NUMBER OF MONTHS}}}$$

The Acceptance Rate is established by adding the number of clients accepted for services and dividing that number by the sum of the number of clients accepted and the number of clients rejected (status "08").

$$\frac{\text{NUMBER OF CLIENTS ACCEPTED}}{\text{NUMBER OF CLIENTS ACCEPTED + CLIENTS REJECTED "08"}}$$

The Rehabilitation Rate is established by adding the total number of cases closed rehabilitated (status "26") and dividing that number by the sum of the total cases rehabilitated ("26") and total cases not rehabilitated (status "28" and "30").

$$\frac{\text{CASES CLOSED REHABILITATED ("26")}}{\text{CASES REHABILITATED (26) + CASES NOT REHABILITATED ("28-30")}}$$

Implementation:

1. These standards are effective April 1, 1976.

2. The information system used to monitor clients' time-in-status will begin with the report of data recorded in a counselor's April master list. This data should be compiled at the same time as the counselor computes the Monthly Caseload Report ("flowsheet").

3. The format for reporting the number of clients exceeding the time-in-status standard will include:

a. By status, a list of the names of clients who exceed the time-in-status standard, the date on which each entered that status, and the total number of clients; this information will be compiled monthly, by every counselor, and a copy of the list will be given to the Unit Supervisor;

b. On a monthly basis, the Unit Supervisor will prepare a report for the Area Supervisor that will include the number of clients and the time over standard, by each status, for his/her total unit; ex:

Status 00 — 4-1 month over
5-3 months over
1-6 months over

Also include the change in the number of cases and length of time over standard for the previous month;

c. On a quarterly basis, the Area Supervisor will compile the data, as described in (b), for the total Area Office, in all statuses, and forward such totals to the Regional Director. The first report will be due to the Regional Director by April 30, and will reflect data from the April master list only. This report will be utilized as baseline data to evaluate subsequent progress. The next report will be due to the Regional Director by the last day of July, and will reflect data from the July master list only. Subsequent reports will be due every three months (end of October, January, April) and will reflect data from that month's master list;

d. On a quarterly basis, the Regional Director will report such data, for the Region, in all statuses, to the Director of Field Operations, consistent with the schedule, as described in (c) above.

4. The information concerning the length of time that a client is recorded in any status is to be used by the Unit Supervisor as one technique to review caseload management in his/her unit, and to determine which cases merit a more specific review. Identifying clients who remain in status over the standard time will help to identify those barriers that prevent the timely provision of services to those clients. Once identified, action can be taken to remove those barriers.

CMcC:dld

TIME-IN-STATUS STANDARDS REPORT

_____ OFFICE for period ending _____, 197_

A. STATUS	00	02	06	10	12	14	16	20	22	24	32 (PES)
B. STANDARD	1 mo.	3 mos.	9 mos.	3mos.	2 mos	6 mos.	9 mos	3mos.	3 mos.	3 mos.	6 mos.
C. TOTAL CASES IN STATUS (D+E)											
D. CASES MEETING STANDARD											
E. CASES EXCEEDING STANDARD (F)											
F. NUMBER OF CASES EXCEEDING STANDARD BY:											
1 mo.											
2 mos.											
3 mos.											
4 mos.											
5 mos.											
6 mos.											
7-12mos.											
12 + mos.											

M-4

STATE OF MICHIGAN

DEPARTMENT OF EDUCATION

BUREAU OF REHABILITATION

Box 30010, Lansing, Michigan 48909

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May 18, 1981

Ms. Susan Stoddard
Berkeley Planning Associates
3200 Adeline Street
Berkeley, California 94703

Dear Ms. Stoddard:

In response to your request for information regarding Michigan's quality assurance and case flagging (for undue delay) systems, we have attached the following:

1. Information and samples of our case aging study (Z2110) which is our primary tool in monitoring time in status. This print out is prepared monthly and compiled at the counselor, district, area and state level. It is one of our more significant management tools at all levels.

2. Materials regarding the new Michigan Quality Assurance Review System (Q.A.R.S.) which, it is intended, will be the agency's basic review document for assuring federal compliance as well as compliance to Michigan's policy and procedures. The material includes an overview and implementation schedule, a draft of some information to be used in the installation process and a copy of the case review document itself. This latter includes the space for recording responses as well as the criteria which the reviewer will be using in determining the responses. While the review document as you see it will be completed for each case review and tabulated by hand; it it planned that, with full implementation, we will be using a data processing input document instead to record the responses. I have enclosed copies of a couple of different formats which we are looking at currently. While the implementation procedures and time frame may change, the review document and criteria are fairly firm.

I hope you will find these materials helpful for your project. If you have any questions about them or I can provide any further assistance, please feel free to contact me again.

Sincerely,

Peter P. Griswold

Peter P. Griswold, State Director
Michigan Rehabilitation Services

PPG/pma
Attachments

VII. CASE AGING STUDY
Z2110

A. NARRATIVE DESCRIPTION

The purpose of the Case Aging Study is to provide an inventory of all cases, to highlight cases that may be delayed in the casework process and to summarize caseloads by target categories.The Aging Study is printed as near to the 15th of each month as possible. At the end of each quarter it may be delayed as the purge of closed cases is also done on the 15th. The printout is arranged in two major sections. First is a listing of all cases by counselor and status followed by a two-page summary sheet of each caseload, district, and area.

B. LISTING OF ALL CASES

All cases that are open and have not been purged are sorted first by the district office to which they are assigned. Within each district, cases are sorted by the counselor code assigned to them and within this grouping they are sorted by status. Within status, cases are arranged by time in status so that the oldest case in a particular status will be listed first. For each status group there is a blank line to separate cases that are overage from cases that are not overaged. The guidelines for overaged cases are found in Casework Manual Item 303.21 and are:

STATUS	00-3	MONTHS
"	02- 3	"
"	06-18	"
"	10- 3	"
"	12- 3	"
"	14- 6	"
"	16- 4	"
"	20- 3	"
"	22- 3	"
"	24- 3	"

Each case is listed showing name, subprogram code, social security number, and case number. The following columns are used to indicate other data for each specific client.

(1) SPEC CHAR - The special characteristics sum can be interpreted as follows:

Q.A.R.S.

This document is intended as a job aid in reviewing casework. It is essential that cross references to the manual be used.

1. Does the intake include . . .

   a. an accurately completed RA-2910 (Intake Form)?

      Yes ___ No ___

      [Each item on the intake form must be completed. Names and phone numbers of <u>two</u> interested persons are required. However, counselor could document "client has no other contacts."

      3250, 3350]

   b. an accurately completed RA-2911 (Intake Record)?

      Yes ___ No ___

      [Each item on the intake record must be completed. There must be a source of support recorded.

      3275, 3360]

   c. an accurately completed RA-2909 (Client Rights & Responsibilities)?

      Yes ___ No ___

      [The form must include a parent's or guardian's signature for clients under age 18 or who are unable to understand the form. Refusal to sign must be documented. All cases must include a completed RA-2909.

      3330]

   d. an accurately completed RA-300-1 (Referral Record)?

      Yes ___ No ___

      [All items must be completed. Data are used for reporting to the federal government, for managed intake and order of selection. Therefore, accuracy is essential.

      3325, 3380, 3400-3470, 3675, 9860]

e. an accurately completed RA-2908 (Diagnostic Plan)?

Yes ___ No ___

[The "next step" of a diagnostic plan must describe specific activity(ies) and date(s) and time(s) in all cases. The "next step" should be in a language that is clear to the client. Example: "I'm here on Fridays - call me on December 19 before 3:00 P.M. and we will talk about the results of your medical exam."

A separate form should be completed when services/exams are arranged after the initial interview. The new form must contain an updated "next step." For all diagnostic plans, the date of the form must be on or before the date of any planned services.

4025, 4030]

2. Contain a current general medical or equivalent?

Yes ___ No ___

[General medicals must meet the criteria outlined in the manual. All "equivalent" general medicals must be approved by the medical consultant.

4225, 4300]

3. Contain a current psychological or psychiatric exam?

Yes ___ No ___ N.A. ___

[Psychological testing to establish a disability of M.R. can be up to three years old. The test must give a full scale I.Q. score from a standardized, individually administered test done by a licensed psychologist.

Psychological and/or psychiatric reports must give a diagnosis, using DSM nomenclature and can be up to one year old, if the condition is stable.

Check N/A response only if the case is other than M.R. or M.I.

4225, 4425, 4500, 5200, 5210, 5230]

M-4

4. Contain sufficient data to establish that the client has a physical or mental disability?

Yes ___ No ___

[If additional exams were recommended, were they obtained, or ruled out with appropriate documentation?]

DISABILITY	EXAMINATION REQUIRED
Back	treating physician, orthopedic, physiatric, or neurological exam 5100
Cardiac	treating physician, cardiologist, or internist - 5130
Dental	dental exam - 5150
Diabetes	treating physician or internist 5160
Hearing	otologist and audiologist - 5180
M.R.	I.Q. score - 5210
Obesity	reference 5220-5221
Psychiatric	Psychological/Psychiatric - 5230
Substance Abuse	medical report, psychological, or psychiatric report - 5260
Visual Impairment	optometric, ophthalmological - 5270

Please reference Section V of the casework manual for additional disabilities.

5. Contain documentation of medical consultation and follow-up where required?

Yes ___ No ___ N/A ___

[All questions asked by the counselor to the medical consultant should have answers documented on the RA-2913 (Client Study).

There must be evidence of follow-up on medical consultant's recommendations or a documented reason why they were not followed.

Use N/A response only where consultation is not required.

4800, 4825, 4830]

6. Contain sufficient data to establish that the client has a substantial handicap to employment?

Yes ___ No ___

[There must be specific documentation: medical reports of limitations, workshop reports, or 29 entries documenting counselor observation, and/or narrative documentation of handicap to employment on the RA-2914 (Eligibility Statement).

5000, 5300-5310]

7. Contain data to document that the client has potential for employment?

Yes ___ No ___ N/A ___

[There must be specific documentation: medical reports of limitations, workshop reports, or 29 entries documenting counselor observation, and/or narrative documentation on the RA-2914 (Eligibility Statement).

5000

If answer is "no," the case should have been placed in status 06 or closed 08.

Check N/A if the case has been advanced 06 or if case is still in 02.]

8. Contain a properly completed certificate of extended evaluation?

Yes ___ No ___ N/A ___

[Check N/A if case has not been in 06. Check "no" if the case is/has been in 06, but the certificate has not been properly completed.

The rationale section on the RA-2914 (Eligibility Statement) must outline specific questions regarding feasibility. Example: "We need to determine whether Mr. Doe can extend his physical tolerance beyond four hours per day. We also need to determine whether he can work out a reliable plan for morning attendant care."

4850, 4871, 4855]

a. an accurately completed RA-300-2?

Yes ___ No ___

[All items must be complete and accurate.

5400-5425]

9. Contain a properly completed IWRP for extended evaluation?

Yes ___ No ___ N/A ___

[Check N/A if the case has not been in 06.

All sections of the IWRP must be complete.

There must be a client signature or documentation that the plan has been reviewed with and approved by the client. The client receives a copy.

There must be a clear relationship between the feasibility questions documented on the RA-2914 (Eligibility Statement) and services planned in the IWRP.

4850-4871]

10. Contain an RA-2914 (Eligibility Statement) which:

a. documents the disability(ies)

Yes ___ No ___

[If there are multiple disabilities, each disability and the resulting limitations must be documented on the form.

The following disabilities must be accompanied by quantifying data:

M.R. - I.Q. Score 5210
Visual - visual acuity with correction 5270
Hearing - decibel loss unaided 5180
Cardiac - American Heart Association Rating 5130
Cancer - Karnofsky Rating & Stage 5120
Obesity - Height & Weight 5220

For clients with M.R., I.Q.'s in the range of 70-85 and under 40 must include documentation of behavioral factors.

5210

Psychiatric disabilities must include documentation of status in therapy (or waiver) including type and frequency of therapy.

5230

Documentation of epilepsy must include seizure type, medication and date of last seizure.

5173

Documentation of diabetes must include type of diabetes and medication.

5160]

b. documents the severity

Yes ___ No ___ N/A ___

[Severity codes 4 and 5 must include documentation of qualifying factors. Coding must be supported by documentation of observation or third party reports. Codes 3 and 4 must be compatible with disability codes on the RA-300-2.

3470

Check N/A for cases accepted prior to _____.]

c. documents the vocational handicap

Yes ___ No ___

[Documentation must be consistent with case file data or counselor narrative.

5000]

d. documents feasibility

Yes ___ No ___

[Documentation must be consistent with case file data or counselor narrative.

5000]

e. is properly signed

Yes ___ No ___

[Must be signed and dated by counselor. (In some offices, there may be a local requirement for a supervisory signature.)

5300]

f. is accompanied by a properly completed RA-300-2?

Yes ___ No ___ N/A ___

[Check N/A if RA-300-2 was completed at 06. All items of RA-300-2 must be complete and accurate.

If diagnostic process has resulted in new information regarding disability or severity, these items must be updated.

5400-5425]

11. Contain a Plan Development Narrative?

Yes ___ No ___ N/A ___

[A Plan Development Narrative must be written when a case does not move simultaneously into status 10 and 12.

Check N/A if case moved simultaneously into 10 and 12. Check "no" if a required plan development narrative was not written and if the plan development narrative is not complete.

5325]

If yes, . . .

a. does it include a properly documented "rationale?"

Yes ___ No ___

[The rationale must outline specific questions which must be answered before the IWRP can be developed. Example: "We need to determine whether you will be able to complete the two-year college program or whether the shorter certificate course could better meet your needs."

5325]

b. does it include proper documentation of services, costs, time frames and planned follow-up?

Yes ___ No ___

[Services must be consistent with questions outlined in the rationale; dates, times, costs and provider(s) must be specified.

The method and schedule for reviewing client progress must be specified.

5325]

c. does the case record show that the client received a copy of the Plan Development Narrative?

Yes ___ No ___

[5325]

d. were planned services properly provided during the Plan Development process?

Yes ___ No ___

[Before the case enters status 12, the counselor must document that the questions outlined in the rationale have been resolved. If planned services were not provided, there must be a reason given.]

12. Describe and appraise the following:

a.	personal and social adjustment	describe . . . yes no
		appraise . . . yes no
b.	medical factors	describe . . . yes no
		appraise . . . yes no
c.	vocational adjustment/capacity for successful job performance	describe . . . yes no
		appraise . . . yes no
d.	educational achievements	describe . . . yes no
		appraise . . . yes no
e.	intelligence	describe . . . yes no
		appraise . . . yes no
f.	ability to acquire occupational skills	describe . . . yes no
		appraise . . . yes no
g.	employment opportunities	describe . . . yes no
		appraise . . . yes no

[Reference the casework item on client appraisal.

Each item must be described by third party data - reports, etc., or by casework entries.

The client appraisal entries should not repeat descriptive data but should summarize, analyze and draw conclusions from diagnostic data. Example: "ability to acquire occupational skills - Based on test results, _____ has a better-than-average ability to complete the planned training . . ."]

13. Has the client received SSI or SSDI at any time during the case process?

Yes SSI ___ Yes SSDI ___ Yes Both ___ Neither ___

If yes, does the case contain:

a. a properly completed SSA-1407/SSA-1408-U4? (Request for Verification)

Yes ___ No ___

[Either the SSA-1407A or the SSA-1408-U4 must be submitted for all clients known to be receiving SSI or SSDI.

9834, 9835]

b. proper documentation of strong likelihood?

Yes ___ No ___ N/A ___

[Documentation of Strong Likelihood - one of the ten documents (six months old or less) must be in the case file and Item Q of the RA-300-1 must be properly checked.

If verification or temporary verification was available instead, check "N/A."

9860]

c. proper use of temporary verification?

Yes ___ No ___ N/A ___

[Check N/A if temporary verification was not needed.]

[If temporary verification was required, the case must contain one of the seven documents (no more than six months old) and a properly completed RA-2944-Z. Temporary verification must be processed 30 days after requesting verification (1407A/1408-U4) unless verification was received before that time.

9890, 9891]

d. is there appropriate documentation to support the use of X or V funds?

Yes ___ No ___

[Check "no" if: - There was no DOSL or verification at time of authorization.

- The client did not meet the selection criteria at status 12 or beyond but X or V funds were used.

- If the grace period for a terminated case had expired but X or V funds were used.

- If services not outlined in the IWRP were authorized during the grace period using no X or V funds.

9850, 9858, 9895]

e. Was an RA-2737 (SSA Eligibility Certification) completed at status 12?

Yes ___ No ___ N/A ___

[Check N/A if the case is not yet in status 12.

The RA-2737 must be completed at status 12 for all persons who were receiving SSI or SSDI. Check "yes" if the RA-2737 was completed after status 12 for clients whose benefits began later.

9872, 9875-77]

If yes, . . .

1) was Point 1 properly documented?

Yes ___ No ___

[The counselor must document that the disabling condition is not so rapidly progressive or severe as to preclude SGA level employment. The diagnosis and prognosis must be supported by case file information.

9827-9877]

2) was Point 2 properly documented?

Yes ___ No ___

[The counselor must answer the question regarding the medical exam diary date. "Unknown" should be checked only in cases where the case file does not include an SSA-831-U5, SSA-833-U5, or a verification document.

Clients with temporary disabilities do not meet criteria #2.

The counselor must reference a medical report or a statement by the medical consultant that the client is not expected to improve medically.

9827-9877]

3) was Point 3 properly documented?

Yes ___ No ___

[The counselor must state the specific vocational objective, indicate whether SGA is expected to result, and state the reason why the client is expected to attain this objective.

9827-9877]

4) was Point 4 properly documented?

Yes ___ No ___

[The counselor must make a judgment as to whether or not the client's earnings will offset the expenses of his/her rehabilitation.

9827-9877]

f. If SSA has requested a self-support plan, is there evidence that it was provided?

Yes ___ No ___ N/A ___

[Check "N/A" if a self-support plan was not requested.

Check "no" if SSA made a request but the counselor did not respond.

9910, 9916]

14. Does the IWRP document . . .

a. that the plan was developed with the client, that required signatures were obtained and that the client received a copy?

Yes ___ No ___

b. an appropriate vocational objective and rationale?

Yes ___ No ___

[Case file data must be consistent with vocational choice. Items marked in "rationale" must be supported by an RA-29 or RA-2915 entry or third party data. If there is contradictory data, the counselor's basis for decision must be documented.]

c. that intermediate objectives were identified?

Yes ___ No ___

d. a full description of required services?

Yes ___ No ___

[Services must be related to achievement of the intermediate objectives and vocational goal; dates for services must be given as well as actual or estimated costs.]

e. that other financial resources, including those of the client, were considered?

Yes ___ No ___ N/A ___

[Include here use of financial aid for training and other money contributions (similar benefits).

7525-7538, 7030]

f. a specific plan for evaluation of client progress?

Yes ___ No ___

[Method of evaluation should be specifically described. Evaluation goals must be measurable. Example: "You are expected to maintain a "C" average and type 40 wpm by the sixth week of the class."]

g. that the client had an opportunity to add comments about the IWRP?

Yes ___ No ___

[Check "yes" if the client had an opportunity to comment but elected not to do so.]

Questions 15-22

NOTE: It is possible that a service was needed but never provided. If, for example, training was needed, you might check "yes" on Question #18 and "no" on Question #18(a). Use N/A only if the service has not yet begun.

In reviewing these items, consider the original IWRP and any amendments.

In evaluating services, use the following manual references:

	Manual Item
Guidance & Counseling (Status 14)	7220
Physical Restoration	7250-7410
Mental Restoration	7425-5230
Vocational Training	7500-7660
Maintenance	7800
Transportation	7818-7824
Other Goods & Services*	7825-7890
Problem Solving & Counseling	7200

*Includes telecommunication aids, equipment related to job modification, etc.

Following the initiation of the IWRP, . . .

15. Was guidance and counseling (Status 14) a needed service?

Yes ___ No ___

a. If yes, were counseling services appropriately provided/arranged?

Yes ___ No ___ N/A ___

16. Was physical restoration a needed service?

Yes ___ No ___

a. If yes, was it appropriately provided/arranged?

Yes ___ No ___ N/A ___

17. Was mental restoration a needed service?

Yes ___ No ___

a. If yes, was it appropriately provided/arranged?

Yes ___ No ___ N/A ___

18. Was vocational training a needed service?

Yes ___ No ___

a. If yes, was it appropriately provided/arranged?

Yes ___ No ___ N/A ___

19. Was maintenance a needed service?

Yes ___ No ___

a. If yes, was it appropriately provided/arranged?

Yes ___ No ___ N/A ___

20. Was transportation a needed service?

Yes ___ No ___

a. If yes, was it appropriately provided/arranged?

Yes ___ No ___ N/A ___

21. Were OGS needed services?

Yes ___ No ___

a. If yes, was it appropriately provided/arranged?

Yes ___ No ___ N/A ___

22. Was there evidence of problem solving and/or ongoing counseling?

Yes ___ No ___

23. Was an employment plan needed?

Yes ___ No ___

[Check "no" for clients who secured their own job, returned to a former job, are being helped to maintain present job, or are employed as a homemaker. Also check "no" for clients who are not yet ready for placement.]

If yes . . .

a. was an employment plan written? (Consider either plans written at 12 and/or 20.)

Yes ___ No ___

M-4

If yes, does it document . . .

1) cost services?

Yes ___ No ___ N/A ___

[Expenditures for placement must include a rationale. If tools and equipment are purchased, appropriate bids must be in the case file. Check N/A for no cost services needed.

7800, 7805, 7810, 7818, 7870]

2) counselor activities?

Yes ___ No ___

[A "yes" response requires that the client be provided with one or more of the following: Job-Seeking Skills, Job Club, specific job leads or interviews. "I will call you about any jobs that I hear about" is not an acceptable statement of counselor activity.]

3) client activities?

Yes ___ No ___

[There must be specific activities described. For example: "You are to keep a job-seeking log and interview at three different companies each week."]

4) activities of other agencies?

Yes ___ No ___ N/A ___

[A "yes" requires that specific activities be described.]

5) timetable and plan for follow-up?

Yes ___ No ___

[There must be a plan to follow up and review at least every 30 days.]

24. Has the client been offered a required annual review?

Yes ___ No ___ N/A ___

[The annual review must first be offered 12 months after case enters status 06 or 12 and every 12 months thereafter. Errors will only be counted for the last two annual review periods. Use N/A where client is not yet eligible for an annual review.]

If yes . . .

a. Was the client provided an annual review?

Yes ___ No ___ N/A ___

[Use N/A where the client did not avail her/himself of the service. Use "no" where there is documentation that the client wanted an annual review, but one was not completed.]

If yes . . .

1) was it timely?

Yes ___ No ___

[Check "yes" if annual review occurs between the 11th and 13th month.]

2) was it properly completed?

Yes ___ No ___

[The 29 entry must document client progress, continued agreement with the vocational goal, review of client rights and a next step.]

3) did the client receive a copy of the case entry?

Yes ___ No ___

25. Was a required plan amendment(s) written?

Yes ___ No ___ N/A ___

If yes . . .

a. has the amendment been properly documented?

Yes ___ No ___

26. Does the case document . . .

a. significant client/counselor contact every three months?

Yes ___ No ___

[Case entries regarding routine letters sent, bus tickets, etc., do not count as follow-up entries. The case record must reflect, from intake to closure, meaningful contact between client and counselor at intervals not to exceed 90 days. Errors will be counted only for the last 12 months.

2160]

b. case entries that follow the required format?

Yes ___ No ___

[RA-29 entries must include the following three points:

1. Reason for action.
2. Progress since last entry.
3. Next planned action, the date for this action and responsible parties.

Clerical entries will not be evaluated here.

2160]

c. that a 4537 or 4537-N (Financial Needs Analysis) was properly completed and used?

Yes ___ No ___ N/A ___

[There should be a 4537 or 4537-N for each year a client is in school. Financial aid recommendation on 4537's must be followed or changes documented on Part C.

4537's or 4537-N's should be used for vocational/technical schools unless there is documentation of the school's inability to complete an analysis and/or documentation that the school is not eligible for financial aid.

The case record must address the following questions:

Are problems with financial aid resolved?
Are exceptions carefully documented?

An N/A response can be used only where the client has not been in a training program, where the school's program is less than six months in duration, the school is not eligible for financial aid, or a 4537 cannot be completed.

7530, 7534-38]

d. that statuses have been properly used?

Yes ___ No ___

[2140]

e. that a second injury wallet card was issued when appropriate?

Yes ___ No ___ N/A ___

[Wallet cards are issued as early in the rehabilitation process as possible - cards should be issued by status 10. Check N/A for clients not eligible for second injury certification.

5700-5735]

f. that a second injury employer certificate was issued when the client began work?

Yes ___ No ___ N/A ___

[If client elects not to use an employer certificate, document the reason(s).

Check N/A if there is documentation of client/employer refusal or for individuals who do not qualify.

5700-5735]

g. that appropriate fiscal procedures were followed for all cost services?

Yes ___ No ___ N/A ___

[Forms will be reviewed for required signatures, start dates, bids and supporting case file entries. Check N/A if no cost services were provided.

The following forms will be reviewed:

RA-2912 (Request for Service)
RA-3824 (Authorization-Amount Change)
RA-4109 (Authorization for Service)
RA-4109D (Authorization To Provide Direct Payment)
RA-4110 (Billing for Service)
RA-4183 (Authorization)
RA-4657 (Rehabilitation Client Vehicle Inspection Report)
Emergency Payment Documents
RA-4587 (Bids and/or Quotations for Purchase of Appliances or Equipment for Client)

7075-7176, 7818-7824]

27. Is the client receiving Workers' Compensation or No Fault benefits? [Include pending and litigated cases.]

Yes ___ No ___

If yes . . .

a. is there a properly completed RA-140?

Yes ___ No ___ N/A ___

[N/A response can be used only for No Fault, Railroad Fund and Federal Civil Service cases.]

b. is there documentation of follow-up with insurer?

Yes ___ No ___ N/A ___

[The 140 notice must be sent initially, then follow-up is expected at 02, 06 or plan development, IWRP, amendment(s), status 20, and/or closure. An N/A response can be used if it has been determined by the Workers' Compensation Bureau that no further reimbursement is available.]

c. is there documentation of effort to gain reimbursement for rehabilitation services?

Yes ___ No ___ N/A ___

[There must be letters or documented phone contact. N/A response can be used only after Workers' Compensation Bureau has determined that no further reimbursement is available.]

28. Was the case closed in status 08, due to ineligibility?

Yes ___ No ___

If yes . . .

a. is the reason for closure documented?

Yes ___ No ___

[If client is found ineligible due to absence of disability or severity of disability, there must be third party documentation; e.g., medical, workshop reports.

4875]

b. was the RA-300-2 (Completed Referral Process and Change) or RA-300-3 (Completed Case Services) completed correctly?

Yes ___ No ___

[Review all items.

5400, 5410, 5425 or 8500, 8510, 8525]

c. is there a properly completed Certificate of Ineligibility (RA-2914)?

Yes ___ No ___

[4875]

d. was the closure decision made only after consultation with the client and/or an appropriate representative?

Yes ___ No ___

[As a minimum, there must be documentation of a discussion with the client by phone.

4880]

e. was the client referred to another agency at closure, if appropriate?

Yes ___ No ___ N/A ___

[There should be documentation of referral to another agency where there is a clearly defined need; e.g., medical problems or a need for avocational activity. Check N/A if referral to another agency is not needed.

4875]

f. was the client notified in writing of the reason for closure?

Yes ___ No ___ N/A ___

[Where no letter is sent, the reason must be documented. Use N/A only where notification of closure would be detrimental to the client, where the client has died or where earlier correspondence indicates no known address.

4880]

g. was the client informed in writing of his/her right to appeal the closure decision?

Yes ___ No ___ N/A ___

[Use N/A only where notification of closure would be detrimental to the client, where the client has died, or where earlier correspondence indicates no known address.

4880, 4911]

h. was the client notified that he/she could reapply for services?

Yes ___ No ___ N/A ___

[Use N/A only where notification of closure would be detrimental to the client, where the client has died or where earlier correspondence indicates no known address.

4880, 4911]

i. was client informed of the annual review of his/her closure?

Yes ___ No ___ N/A ___

[N/A is used for cases closed due to absence of disability or vocational handicap.

4900]

29. Was the case closed in status 08 "for reasons other than ineligibility?"

Yes ___ No ___

If yes, . . .

a. was the reason for closure documented?

Yes ___ No ___

[Efforts to contact the client and/or gain cooperation must be documented. "Client refusal" describes situations where the client specifically declines services.]

b. was the RA-300-2 (Completed Referral Process and Change) or RA-300-3 (Completed Case Services) completed correctly?

Yes ___ No ___

[Review all items.

5400, 5410, 5425 or 8500, 8510, 8525]

c. was the client referred to another agency at closure, if appropriate?

Yes ___ No ___ N/A ___

[There should be documentation of referral to another agency where there is a clearly defined need; e.g., medical problems or a need for avocational activity. Use N/A if referral to another agency is not needed.

4875]

d. was the client notified in writing of the reason for closure?

Yes ___ No ___ N/A ___

[Use N/A only where notification of closure would be detrimental to the client, where the client has died or where earlier correspondence indicates no known address.

8050, 8070, 8076]

e. was the client informed in writing of his/her right to appeal the closure decision?

[Use N/A only where notification of closure would be detrimental to the client, where the client has died or where earlier correspondence indicates no known address.

4875, 4880]

30. Was the case closed in status 28 or 30 for reasons of ineligibility?

Yes ___ No ___

[No manual reference currently available.]

If yes . . .

a. was the reason for closure documented?

Yes ___ No ___

[8050]

b. was the RA-300-3 (Completed Case Services) completed correctly?

Yes ___ No ___

[8500, 8510, 8525]

c. in cases of closure due to ineligibility, is there a properly completed certification of ineligibility?

Yes ___ No ___

[No manual reference currently available.]

d. if ineligible, was the closure decision made only after consultation with the client and/or an appropriate representative?

Yes ___ No ___

[No manual reference currently available. Use N/A if referral to another agency is not needed.]

e. was the client referred to another agency at closure, as appropriate?

Yes ___ No ___ N/A ___

[There should be documentation of referral to another agency where there is a clearly defined need; e.g., medical problems, a need for avocational activity.]

M-4

f. does the case record show if the action taken and outcome were reported to other agencies, as appropriate?

Yes ___ No ___ N/A ___

[8000]

g. was the client notified in writing of the reason for closure?

Yes ___ No ___ N/A ___

[Use N/A response only if notification of closure would be detrimental to the client, where the client has died or earlier correspondence indicates no known address.

8050, 8070]

h. was the client informed in writing of his/her right to appeal the closure decision?

Yes ___ No ___ N/A ___

[Use N/A response only if notification of closure would be detrimental to the client, where the client has died or earlier correspondence indicates no known address.

No manual item.]

i. was the client notified that he/she could reapply for service?

Yes ___ No ___ N/A ___

[Use N/A response only if notification of closure would be detrimental to the client, where the client has died or earlier correspondence indicates no known address.

No manual item.]

j. if closed too severe, was client informed of the annual review of his/her closed case?

Yes ___ No ___ N/A ___

[Use N/A if case is closed for reasons other than "too severe."

8650]

31. Was the case closed in status 28 or 30 for reasons other than ineligibility?

Yes ___ No ___

If yes . . .

a. is the reason for closure documented?

Yes ___ No ___

[Efforts to contact the client and/or gain cooperation must be documented. "Client refusal" describes situations where the client specifically declines services.

8050]

b. was the RA-300-3 (Completed Case Services) completed correctly?

Yes ___ No ___

[8500, 8510, 8525]

c. was the client referred to another agency at closure, as appropriate?

Yes ___ No ___ N/A ___

[There should be documentation of referral to another agency where there is a clearly defined need; e.g., medical problems or a need for avocational activity. Use N/A if referral to another agency is not needed.

4875]

d. does the case record show if the action taken and outcome were reported to other agencies, as appropriate?

Yes ___ No ___ N/A ___

[8000]

e. was the client notified in writing of the reason for closure?

Yes ___ No ___ N/A ___

[Use N/A response only if notification of closure would be detrimental to the client, where the client has died or earlier correspondence indicates no known address.

8050, 8070, 8076]

f. was the client informed in writing of his/her right to appeal the closure decision?

Yes ___ No ___ N/A ___

[Use N/A response only if notificaton of closure would be detrimental to the client, where the client has died or earlier correspondence indicates no known address.

8050, 8070, 8076]

32. Was the case closed in status 26?

Yes ___ No ___

If yes, does the case record . . .

a. describe the basis on which the client was considered rehabilitated?

Yes ___ No ___

[There must be documentation of follow-up with the client and if possible, the employer, regarding the client's adjustment on the job.

7950, 8025, 8075, 8100]

b. describe the type of job, wage and length of employment?

Yes ___ No ___

[8070, 8075]

c. outline the availability of post-employment services and/or a plan for post-employment services?

Yes ___ No ___

[8025, 8070, 8075, 8700]

d. contain an RA-300-3 (Completed Case Services) correctly completed?

Yes ___ No ___

[8500, 8510, 8525]

e. show that the client completed services planned in the IWRP and/or amendments?

Yes ___ No ___

[7025, 8025]

f. show that ongoing needs were addressed?

Yes ___ No ___

[8025]

g. document that the client is suitably employed?

Yes ___ No ___

[8100-8250]

h. document that evaluation, counseling and guidance were provided?

Yes ___ No ___

[There must be documentation of counseling in the form of RA-29 entries or third party reports.

7200, 8025]

i. document provision of <u>substantial</u> services were provided?

Yes ___ No ___

[If the client accepts employment that is not consistent with the planned vocational objective and the counselor cannot clearly document a relationship between services provided and the vocational outcome, the case cannot be closed in status 26.

7025, 7200, 7900, 8025, 8100]

j. show that the client was notified that there would be an annual review of his/her sheltered employment?

Yes ___ No ___ N/A ___

[Check "N/A" for those individuals who were not closed in sheltered employment.

8250, 8660]

M-5

STATE OF MICHIGAN

WILLIAM G. MILLIKEN, Governor

COMMISSION FOR THE BLIND
309 N. WASHINGTON
P. O. BOX 30015
LANSING, MICHIGAN 48909

DEPARTMENT OF LABOR

XXXXXXXXXXXXXXXXXXXX
William Long, Director

May 1, 1981

Susan Stoddard
Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley California 94703

Dear Ms. Stoddard:

In response to your recent correspondence to Philip Peterson, I am forwarding information about our case review system, and a copy of our static caseload report.

The Commission for the Blind has a casework operations review which we attempt to conduct on an annual basis. We use supervisory staff to review samples of cases from each district, and prepare a report based upon regional results.

Our static caseload report is printed on a quarterly basis. Cases are flaged based upon the number of months in a specific status, and when flaged, are identified on the static caseload report. This gives us a management tool for supervisors to review with field staff.

I hope this information is helpful to you. If I can be of any further assistance, please do not hesitate to call upon me.

Yours very truly,

Harold Payne, Supervisor
Rehabilitation Services

HP:vm
Attachment
cc: Philip E. Peterson

MICHIGAN
THE GREAT LAKE STATE

M-2

CASE REVIEW FACTORS

1. Referral Information

This factor is for determining the appropriateness of a referral. A case is judged to have a problem in this area if it does not contain the minimum of required referral information such as name, birthdate, address, and any indication of disability; or the case is considered to be problematic if it is reopened and, in the opinion of the reviewer, the reopening does not appear to be justified.

2. Diagnostic Information

This factor is to determine the appropriateness of diagnostic information. Reviewers examine case files for an opthamological report with a diagnosis that evidences eligibility for services. A statement of visual acuity and a prognosis would be there and in the case narrative. An audiological evaluation should be offered, but it is not a requirement. Note that a hearing exam was offered should also be in the narrative section if it is refused. HEARING EVAL.

3. Use of Medical Consultation

This factor is to determine if the medical information is reviewed by the Agency's medical consultant as evidenced by that person's signature.

4. Certificate of Eligibility

This factor is for including a completed Certificate of Eligibility in the case file.

5. Case Service Status

This factor is to determine that each status described in the case narrative matches the caseload flowsheet, and cases are examined for reasonableness of time in a status. It is anticipated that a client should be in referral status (00) no longer than three months, in Applicant Status (02) no longer than six months, or in Training Status (18) no longer than one year, etc. without an update of the case narrative. OR STATUS 20 > 6 MO.

6. IWRPS ? PP

This factor is to determine the completeness of the Individualized Written Rehabilitation Program form.

1 ... 2. ... DAT 3. ... 4. ... PARTICIPATION OF VRCOS

7. SSDI/SSI Information 6. DESCRIPTION PLAN

This factor is to determine if case service costs have been documented for proper funding. This is evidenced by inclusion of the SSDI/SSI Vertification of Benefits form, correct completion of the Special Selection Criteria Certificate, and proper coding on the flowsheet.

8. Case Follow-up

This factor is to determine that reasonable and adequate contact has been made with the client. The reviewers' function is not to question counselor judgment, but to review for activity and an explanation.

9. Case Supervision

Supervisors should be reviewing cases and assisting field staff when necessary.

10. Case Recording

This factor is to verify that an adequate case record is maintained.

11. Case File Order

Cases should be assembled in an orderly fashion, and this factor is TO determining if that condition has been met. There is to be a separate section on each of the following categories: Documents, Training, Narrative, Correspondence, Financial, and Obsolete.

12. Significant CFB Involvement

This factor is to determine if a client has advanced in status at a reasonable length of time.

13. Other Resources — ... BENEFITS

There should be evidence of investigation of similar benefits to serve the needs of a client. This is particularly determined by inclusion of a Similar Benefit checklist in the case file with the IWRP.

14. Other

This factor is for identification of any special item not applying to any of the previous thirteen.

MICHIGAN DEPARTMENT OF SOCIAL SERVICES
HEALTH AND WELFARE DATA CENTER

)4/24/81 DSB STATIC CASELOAD REPORT NUMBER AU-C09 PAGE 1

ICT 01 COUNTY 50 (MACOMB)

CASE NUMB	CASE NAME	SEX	SSDI/TF	CASE	STAT	DATE SSI/SF	MONTHS ENTER	IN STATUS
[redacted]		2	0/0	24	1/0	06-80		8

CT 01 COUNTY 63 (OAKLAND)

CASE NUMB	CASE NAME	SEX	SSDI/TF	CASE	STAT	DATE SSI/SF	MONTHS ENTER	IN STATUS
[redacted]		1	0/0	24	1/1	04-80		10
[redacted]		2	0/0	18	0/0	04-79		22
[redacted]		2	2/0	24	0/0	09-80		5

CT 01 COUNTY 82 (WAYNE)

CASE NUMB	CASE NAME	SEX	SSDI/TF	CASE	STAT	DATE SSI/SF	MONTHS ENTER	IN STATUS
[redacted]		2	1/0	18	0/0	12-79		14
[redacted]		1	0/0	18	0/0	08-79		18
[redacted]		2	4/0	18	4/0	01-80		13

M-6

Minnesota Division of Vocational Rehabilitation

Third Floor, Space Center, 444 Lafayette Road
St. Paul, Minnesota 55101

Telephone 612/296-5616
TTY 612/296-5643

April 8, 1981

Susan Stoddard
Berkeley Planning Associates
3200 [redacted]eline Street
Berkeley, CA 94703

Dear Ms. Stoddard:

I have received your recent request for material used in Minnesota Vocational Rehabilitation for case flaging and quality assurance. Enclosed is a copy of the case review questionnaire used by our program evaluation unit which reviews a random sample of cases in a different field office each month. Several of these questions also relate to undue delay.

Also enclosed is a copy of the counselor's manual chapter which describes our standards and procedures for identification and review of cases which may be delayed. Our counseling supervisors monitor this on a monthly basis.

If you have any further questions on any of this material, please feel free to contact Roberta Pisa at 612/296-5645 or Gene Hogenson at 612/296-1718.

Sincerely,

Edwin O. Opheim
Assistant Commissioner

EOO:RRP:jlm

Enclosures

M-6

GENERAL

Complete for All Cases

APPLICATION

1. Is there a signed application for VR services (or letter requesting services)? Yes _____ No _____

2. Was information necessary for eligibility determination requested as promptly as possible? Yes _____ No _____ (Yes can also be used if information was available at referral and request not needed).

3. If eligibility has not yet been determined, is the delay justified? Yes _____ No _____ X (Case beyond 02) _____

CASE HISTORY NOTES

4. Is initial interview recorded? Yes _____ No _____

5. Is initial interview recorded adequately? Yes _____ No _____ X (Not recorded) _____

6. Are case notes (wherever recorded) sufficiently complete to give a picture of the client's progress to date? Yes _____ No _____

STATUS CODE

7. Is current status code correct (i.e. reflects present stage of activity)? Yes _____ No _____

EXTENDED EVALUATION (06)

Complete for all cases which have ever been in status 06

8. Has the eligibility form been completed, signed and dated? Yes _____ No _____ (If no, go to question #10)

9. Does it adequately document reasons for extended evaluation? Yes _____ No _____

10. Does information in file support extended evaluation decision? Yes _____ No _____

11. Is there an IWRP for determining ability to benefit from VR services? (If No, go to question #18) Yes ____ No ____ X (06 prior to 7/76) ____

12. Is the IWRP signed by the client (or a note recorded that the client does not wish to sign)? Yes _____ No _____

Does the IWRP include:

13. Specific Services? Yes ____ No ____

14. Projected start date for each service? Yes ____ No ____

15. Anticipated duration of each service? Yes ____ No ____

16. Procedure and criteria for evaluation of progress? Yes ____ No ____

17. Are the services specified in the plan being provided? Yes ____ No ____

18. Was a thorough periodic assessment of client's progress made at least every 90 days to determine the results of service and assess whether an eligibility decision could be made? Yes _____ No _____

19. Was client accepted or rejected for services as soon as evaluation indicated ability or inability to benefit?
Yes _____ No _____ X (Not yet indicated) _____

20. Was the case in status 06 less than 18 months? Yes _____ No _____

If physical or mental restoration services were provided in status 06:

21. Was medical or psychiatric consultant approval received prior to authorization? Yes _____ No _____ X (Not provided) _____

08's

22. Was IWRP Part B Closure Notice (or equivalent letter) sent to client?
Yes _____ No _____

23. Is there a closing summary in the case? Yes _____ No _____

24. Are the reasons for closure stated? Yes _____ No _____

25. Did Counseling Supervisor initial case closure? Yes _____ No _____

26. If client was closed for reasons such as not interested, unable to locate, refused services, or failure to cooperate, were appropriate efforts made to involve the client in the rehab process?
Yes _____ No _____ X (Not applicable) _____

If the applicant was determined ineligible, answer the following:

27. Has a certificate of ineligibility been completed, signed and dated?
Yes _____ No _____ X (N/A) _____

28. Does information in case file support ineligibility decision?
Yes _____ No _____ X (N/A) _____

ELIGIBILITY

Complete for All Cases Status 10 and Beyond

29. Was there a current general medical in the file when the case was accepted? Yes _____ No _____

30. If the disbaility is emotional, was there an examination by a psychiatrist or licensed psychologist? Yes _____ No _____ N/A _____

31. If the disability is mental retardation, was there a psychological evaluation (including a valid measure of intelligence, social functioning, and educational progress and achievement)? Yes _____ No _____ N/A _____

32. If there is a hearing impairment, was there an evaluation of the audiological system? Yes _____ No _____ N/A _____

Are the records comprehensive and recent enough to support the decision that: (Use ? when the decision is questionnable but you wish to give the counselor the benefit of the doubt)

33. the client has a medically recognized disbaility?
Yes _____ No _____ ? _____

34. which constitutes a substantial handicap to employment for this client?
Yes _____ No _____ ? _____

35. and that there was a reasonable expectation the client could benefit from services in terms of employability? Yes _____ No _____ ? ____

36. Was information reviewed by the medical or psychiatric consultant (or by the supervisor if prior to 10/79)? Yes _____ No _____

37. Is there an eligibility form (completed, signed and dated) in the file?
Yes _____ No _____

38. If yes, does it adequately document reasons for eligibility decision?
Yes _____ No _____ X (No Form) _____

39. Was eligibility determination made without undue delay Yes ____ No ____

40. Are the disability codes on the CSR justified by the medical and/or psychological information? Yes _____ No _____

41. Are secondary disabilities coded? Yes _____ No _____ None (x) _____

42. Is "severe disability" on CSR coded correctly? Yes _____ No _____

43. If case is still in status 10, is the rehabilitation plan being developed without undue delay? Yes _____ No _____ X (Case beyond status 10) _____

VOCATIONAL DIAGNOSIS & PLANNING

Complete for all cases in status 12 and beyond

44. Is there a written vocational diagnosis? Yes _____ No _____

ANSWER 45-50 only for vocational diagnosis written after September, 1978.

Does the vocational diagnosis reflect:

45. the significant aspects of a diagnostic study? Yes _____ No _____

46. factors creating problems in obtaining or retaining employment? Yes _____ No _____

47. Conclusions about the relationship among the clients assets and liabilities? Yes _____ No _____

48. Which problem areas can be treated or resolved? Yes _____ No _____

49. Possible alternatives for the client? Yes _____ No _____

50. Does the vocational diagnosis go beyond a summary of data found elsewhere in the file? Yes _____ No _____

51. Is there an IWRP? Yes _____ No _____

IF YES, answer 52-63, IF NO, skip to question 64.

Does the IWRP include:

52. Specific services to be provided? Yes _____ No _____

53. Specific vocational objective? Yes _____ No _____

54. projected start date for each service? Yes _____ No _____

55. anticipated duration of each service? Yes _____ No _____

56. procedure & criteria for evaluation of progress? Yes _____ No _____

57. completed financial section? Yes _____ No _____

58. Client signature? Yes _____ No _____

59. Counselor signature? Yes _____ No _____

60. Is the IWRP dated? Yes _____ No _____

61. Is the plan appropriate for the needs and problems of the client. Yes _____ No _____

62. Is the vocational objective appropriate? Yes _____ No _____

63. Has there been a formal annual review of the IWRP (if IWRP is at least one year old) by the counselor and client, parent or guardian?
Yes _____ No _____ X (Plan less than 1 year old) _____

64. Have plan amendments been written when necessary?
Yes _____ No _____ N/A (x) _____

65. Does the case file demonstrate active participation on the part of the client in planning? Yes _____ No _____

66. Does the case file demonstrate active involvement on the part of the counselor in planning? Yes _____ No _____

67. Was the rehab plan developed without undue delays? Yes _____ No _____

68. If case is still in status 12, are there undue delays in services being initiated promptly? Yes _____ No _____ X (No longer in 12) _____

SERVICE PROVISION PHASE
(14, 16, 18, 24)

69. Does case file have reports of client progress from schools, facilities etc.? Yes _____ No _____ N/A _____

70. Does case file indicate that client's program is being monitored so that termination can be made when client has achieved maximum benefit?

If agency funds have been spent since July, 1975, for nondiagnostic services:

71. does case file include documentation that a search for similar benefits has been done?
Yes _____ No _____ Not required (z) _____ N/A (x) _____

If physical or mental restoration services were provided:

72. was medical consultant approval received prior to authorization?
Yes _____ No _____ N/A (x) _____

73. is there documentation supporting the determination that the clinical status of the individual is stable or slowly progressive?
Yes _____ No _____ N/A (x) _____

74. If client is or was in status 14, does case file reflect regularly scheduled counseling sessions are occurring?
Yes _____ No _____ X (Not in 14) _____

75. If client is or was in status 14, was there an IWRP specifying counseling and guidance (non-routine) as the only service necessary?
Yes _____ No _____ X (Never in 14) _____

76. Are reasons for any changes in plan explained?
Yes _____ No _____ N/A (x) _____

77. Are the services specified in the plan or amendments being provided?
Yes _____ No _____ Status 24 (x) _____

78. Has DVR provided substantial service? Yes _____ No _____ ? _____

79. Have services been provided promptly? Yes _____ No _____

PLACEMENT

Complete for all cases in status 20 or beyond

80. Does the case file reflect how placement is to be accomplished?
Yes _____ No _____

Which placement services (are being) (were) provided? (use N/A if a service is not necessary or appropriate for this client. Use No only if the service should have been provided and was not).

81. job seeking skills training? Yes _____ No _____ N/A (x) _____

82. job development? Yes _____ No _____ N/A (x) _____

83. job leads? Yes _____ No _____ N/A (x) _____

84. If client is not working, does the record indicate the counselor has taken sufficient steps to help the client find employment?
Yes _____ No _____ Client is working (x) _____

85. If client is working, does the record indicate counselor has provided appropriate follow-up services?
Yes _____ No _____ Client not working (x) _____

86. Did (or is) placement occur(ing) without undue delay? Yes _____ No _____

26's

87. Does case file have a closure summary? Yes _____ No _____

IF NO, go to question #95.

IF YES, does it include the following:

88. Description of why it is determined the client has made a satisfactory adjustment? Yes _____ No _____

89. summary of services provided? Yes _____ No _____

90. job title and/or duties? Yes _____ No _____

91. employer name and address? Yes _____ No _____

92. salary? Yes _____ No _____

93. date job began? Yes _____ No _____

94. Did counseling supervisor initial approval of case closure?
Yes _____ No _____

95. Has plan or plan amendment been completed insofar as possible?
Yes _____ No _____

96. Does job appear compatible with client's abilities and problems?
Yes _____ No _____

97. Is client's employment consistent with the objective for which services have prepared the client? Yes _____ No _____

98. If client received training, was it related to the job family in which he/she was placed? Yes _____ No _____ No training (x) _____

99. Were appropriate follow-up services provided prior to case closure?
Yes _____ No _____

100. Was client employed at least 60 days before case closure?
Yes _____ No _____

101. Does case show indication of counseling activity? (check one).
a. None _____ b. Mild _____ c. Moderate _____ d. Extensive _____

102. Did services provided by the agency affect the outcome (rehabilitation) in an identifiable positive way? Yes _____ No _____

103. Does the case record demonstrate that the services provided were necessary and led to improved employability? Yes _____ No _____

104. Was client notified in writing of case closure? Yes _____ No _____

28's/30's

105. Was IWRP Part B closure notice (or equivalent letter) sent to client?
Yes _____ No _____

106. Does case indicate reasons for closure? Yes _____ No _____

107. Is there a closing summary in the case? Yes _____ No _____

108. Did Counseling Supervisor initial case closure? Yes _____ No _____

109. If client was closed for reasons such as not interested, unable to locate, refused services or failure to cooperate, were sufficient efforts made to involve the client in the rehab process?
Yes _____ No _____ N/A (x) _____

110. For a case where services under a written program were terminated on the basis of a determination that the individual was not capable of achieving a vocational goal and no longer eligible was a certificate of ineligibility completed? Yes _____ No _____ N/A (x) _____

POST EMPLOYMENT

Complete for cases in status 32 and beyond

111. Is there sufficient documentation to justify the need for post employment services? Yes _____ No _____

112. Is there an IWRP for Post Employment? Yes _____ No _____

IF YES, does it

113. describe the type and extent of services planned? Yes ____ No ____

114. indicate how services will be provided? Yes ____ No ____

115. identify specific objectives? Yes ____ No ____

116. Were P. E. services necessary to help maintain employment? Yes _____ No _____

117. If P. E. services have been terminated, is there a record of the present employment situation? Yes _____ No _____ X (Still in 32) _____

M-7

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

TED SCHWINDEN, GOVERNOR

P.O. BOX 4210

STATE OF MONTANA

John LaFaver
Director

HELENA, MONTANA 59604

April 13, 1981

Susan Stoddard
Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley, CA 94703

Dear Ms. Stoddard:

Enclosed are copies of our case Quality Control Sheets. I hope you find them of help.

Our only procedure for case flagging is review of a master computer list. This is practical because of the very small caseloads in the State of Montana.

Sincerely,

Gary W. Lee

Gary W. Lee
Program Manager IV
Visual Services Division
Social and Rehabilitation Services

GWL:gmc

Encl.

AN EQUAL OPPORTUNITY EMPLOYER

M-7

SRS-VSD-VSR-1 (a)
(rev. 1/81)

MONTANA DEPT. OF SOCIAL & REHABILITATION SERVICES
Visual Services Division

PROCESSING CHECKLIST / QUALITY CONTROL REVIEW

Name: _____ Counselor No. _____

Address: _____ Status: _____

SSN: _____ Review Date: _____

KEYS: A = Adequate D = Deficiency NA = Not Applicable		COMMENTS: Outline corrections necessary to eliminate deficiencies — establish deadlines for corrections.
I. APPLICATION — FILL IN THIS SECTION FOR CASES IN STATUS 02 AND 08		
(1) REFERRAL & SOURCE — INFO. COMPLETE		
(2) APPLICATION / RELEASE OF MEDICAL INFO.		
(3) AUTHORIZATION FOR INITIAL EXAM		
(4) TIME IN STATUS 00 LESS THAN 3 MONTHS		
(5) INITIAL CONT. MEMO + R-300 INIT. PROMPTLY		
II. PLANNING — FILL IN THIS SECTION FOR STAT. 10		
(1) MEDICAL WITH RECOMMEND. FOLLOWED		
(2) PSYCHOLOGICAL		
(3) SOCIAL INFORMATION — INCLUDING EMP./ EDUCATION / WORK HABITS		
(4) APTITUDE INFORMATION		
(5) SIGNIFICANT INFORMATION SUMMARIZED		
(6) ELIGIBILITY DETERMINATION		
(7) ECONOMIC NEED DETERMINED		
(8) TIME IN STATUS 02 LESS THAN 3 MONTHS		
(9) TIME IN STATUS 06 LESS THAN 18 MONTHS		
III. SERVICES PROVIDED — FILL IN THIS SECTION FOR CASES IN STATUS 12 AND 30		
(1) MEDICAL RECOMMENDATION FOLLOWED		
(2) REASON FOR SELECTION OF OBJECTIVE		
(3) IWRP WRITTEN / AMENDMENTS COMPLETED		
(4) OTHER AGENCY'S ROLE DEFINED		
(5) TIME IN STATUS 10 LESS THAN 6 MONTHS		
IV. SERVICES — FILL IN THIS SECTION FOR CASES IN STATUS 20		
(1) TIMELY AND CONSISTENT WITH IWRP. R. T. & O/M SERVICES EVALUATED		
(2) AMEND. & INTERRUP. EXPLAINED		
(3) GAPS IN CASE RECORDING		
(4) AUTHORIZATION FOR SERVICES		
(5) TIME IN STATUS 14 LESS THAN 6 MOS.		
(6) TIME IN STATUS 16 LESS THAN 12 MOS.		
(7) TIME IN STATUS 18 LESS THAN 4 YEARS		
V. PRE-CLOSURE — FILL IN THIS SECTION FOR CASES IN STATUS 26-28		
(1) PLACEMENT PLAN MADE & FOLLOWED		
(2) METHOD OF PLACEMENT SHOWN		
(3) ADEQUATE FOLLOW-UP. 60-DAY MINIMUM		
(4) CLOSURE CONSISTENT WITH IWRP		

KEYS: A = Adequate D = Deficiency NA = Not Applicable		COMMENTS: Outline corrections necessary to eliminate deficiencies — establish deadlines for corrections.
(5) TIME IN STATUS 20 LESS THAN 3 MONTHS		
(6) TIME IN STATUS 22 LESS THAN 3 MONTHS BUT MORE THAN 2 MONTHS		
VI. CLOSURE – FILL IN THIS SECTION FOR CASES CLOSED IN STATUS 08, 26, 28, 30		
(1) POST-EMP. SERVICE EXPLAIN. & RECORDED		
(2) PES NEED DETERM. / DOCUMENTED		
(3) CLIENT NOTIFICATION OF CLOSURE		
(4) PRUDENT USE OF FUNDS		
(5) REASON GIVEN FOR 08, 26, 28, 30, 33, 35, 37 CLOSURE WITH CLIENT VIEWS		
(6) ANNUAL REVIEW OF INELIG.		
(7) SSI / SSDI VERIFICATION		
(8) SSC APPLIED APPROP. ON CERTIFICATE		
(9) CHRON. OF CASE FIL. (STAT. CHGS. SHOWN?)		
(10) CASE FILE CLEARLY INDIC. FUND. SOURCE		
(11) REFERRAL SOURCE INFORMED		
(12) REUSABLE EQUIPMENT RECLAIMED OR TITLE RETENTION SIGNED OFF		
(13) EMPLOYMENT COMPATIBLE WITH HANDICAP		

REVIEWER: _____ DATE: _____

Date Deficiencies Corrected: _____ COUNSELOR: _____

SRS-VSD-VSR-1 (b)
(rev.2/81)

MONTANA DEPT. OF SOCIAL & REHABILITATION SERVICES
Visual Services Division

M-7

QUALITY CONTROL SHEET

Counselor Name: _____ Reviewer Name: _____ Indicate trend

						TOTAL DEF B
DATE OF REVIEWS ⇒						
NO. OF CASES REVIEWED ⇒						
NO. OF DEFICIENCIES BY ITEM ⇒						
I. APPLICATION						
(1) REFERRAL & SOURCE – INFO. COMPLETE						
(2) APPLICATION / RELEASE OF MEDICAL INFO.						
(3) AUTHORIZATION FOR INITIAL EXAM						
(4) TIME IN STATUS 00 LESS THAN 3 MONTHS						
(5) INITIAL CONT. MEMO + R-300 INIT. PROMPTLY						
II. PLANNING						
(1) MEDICAL WITH RECOMMEND. FOLLOWED						
(2) PSYCHOLOGICAL						
(3) SOCIAL INFORMATION – INCLUDING EMP./ EDUCATION / WORK HABITS						
(4) APTITUDE INFORMATION						
(5) SIGNIFICANT INFORMATION SUMMARIZED						
(6) ELIGIBILITY DETERMINATION						
(7) ECONOMIC NEED DETERMINED						
(8) TIME IN STATUS 02 LESS THAN 3 MONTHS						
(9) TIME IN STATUS 06 LESS THAN 18 MONTHS						
III. SERVICES PROVIDED						
(1) MEDICAL RECOMMENDATION FOLLOWED						
(2) REASON FOR SELECTION OF OBJECTIVE						
(3) IWRP WRITTEN / AMENDMENTS COMPLETED						
(4) OTHER AGENCY'S ROLE DEFINED						
(5) TIME IN STATUS 10 LESS THAN 6 MONTHS						
IV. SERVICES						
(1) TIMELY AND CONSISTENT WITH IWRP. R.T. & O/M SERVICES EVALUATED						
(2) AMEND. & INTERRUP. EXPLAINED						
(3) GAPS IN CASE RECORDING						
(4) AUTHORIZATION FOR SERVICES						
(5) TIME IN STATUS 14 LESS THAN 6 MOS.						
(6) TIME IN STATUS 16 LESS THAN 12 MOS.						
(7) TIME IN STATUS 18 LESS THAN 4 YEARS						
V. PRE-CLOSURE						
(1) PLACEMENT PLAN MADE & FOLLOWED						
(2) METHOD OF PLACEMENT SHOWN						
(3) ADEQUATE FOLLOW-UP. 60-DAY MINIMUM						
(4) CLOSURE CONSISTENT WITH IWRP						

							TOTAL DEFIC BY
	DATE OF REVIEWS ⟩						
	NO. OF CASES REVIEWED ⟩						
	NO. OF DEFICIENCIES BY ITEM ⟩						
(5)	TIME IN STATUS 20 LESS THAN 3 MONTHS						
(6)	TIME IN STATUS 22 LESS THAN 3 MONTHS BUT MORE THAN 2 MONTHS						
VI. CLOSURE							
(1)	POST-EMP. SERVICE EXPLAIN. & RECORDED						
(2)	PES NEED DETERM. / DOCUMENTED						
(3)	CLIENT NOTIFICATION OF CLOSURE						
(4)	PRUDENT USE OF FUNDS						
(5)	REASON GIVEN FOR 08, 26, 28, 30, 33, 35, 37 CLOSURE WITH CLIENT VIEWS						
(6)	ANNUAL REVIEW OF INELIG.						
(7)	SSI / SSDI VERIFICATION						
(8)	SSC APPLIED APPROP. ON CERTIFICATE						
(9)	CHRON. OF CASE FIL. (STAT. CHGS. SHOWN?)						
(10)	CASE FILE CLEARLY INDIC. FUND. SOURCE						
(11)	REFERRAL SOURCE INFORMED						
(12)	REUSABLE EQUIPMENT RECLAIMED OR TITLE RETENTION SIGNED OFF						
(13)	EMPLOYMENT COMPATIBLE WITH HANDICAP						

N-1

REHABILITATION DIVISION
OFFICE OF PLANNING, RESEARCH AND PROGRAM DEVELOPMENT

SPECIAL PROJECT EVALUATION CRITERIA

Project Name:_____ Date:_____

Evaluator:_____ Project Director:_____

Date of Last Evaluation:_____

Project Proposal Review (Pre-Site)

Stated Goals and Objectives of Project:

1.

2.

3.

4.

5.

6.

Concurrent In-House Evaluation Criteria:

1.

2.

3.

4.

5.

6.

Project Costs:

1. Administrative Personnel $_____
2. Professional Staff $_____
3. Clerical $_____
4. Other Agency Contributions $_____
5. Rent, Utilities $_____
6. Equipment $_____
7. Other $_____

Cost per anticipated number of clients $_____

EVALUATION CRITERIA

1.0 Client Services Delivery System

1.1 Target Population

1.1.1 Number of Clients Referred: _____

1.1.2 Number of Clients Accepted: _____

1.1.3 Number of Clients Completing Program: _____

1.1.4 Number of Clients Continuing Program: _____

1.1.5 Number of Clients Terminating Before Completion: _____

1.1.6 Number of Clients Declining Services: _____

1.1.7 Number of Clients as No-Shows: _____

1.1.8 Number of Clients Severely or Totally Disabled: _____

1.1.9 Number of Clients Non-Severely Disabled: _____

1.1.10 Number of Clients at Grade Level 1 to 4: _____

1.1.11 Number of Clients at Grade Level 5 to 8: _____

1.1.12 Number of Clients at Grade Level 8 and Above: _____

1.2 Target Population/Referring Agency

	1.1.1	1.1.2	1.1.3	1.1.4	1.1.5	1.1.6	1.1.7	1.1.8	1.1.9	1.1.10	1.1.11	1.1.12
a) BSB												
b) VR												
c) BADA												
d) ABE												
e)												
f)												
g)												
h)												
i)												
j)												

Correlations/Comments: _____

1.2 Client Success

1.2.1 Percent of Clients Completing Program:_____

1.2.2 Percent of Clients Obtaining Employment:_____

1.2.3 Percent of Clients Maintaining 60 Days Employment:_____

1.2.4 Percent of Clients With Two or More Job Interviews:_____

1.2.5 Percent of Clients Obtaining Competitive Employment:_____

1.2.6 Percent of Clients With Sheltered Employment:_____

1.2.7 Percent of Clients Self-Sufficient:_____

1.2.8 Percent of Clients Satisfied With Job:_____

1.2.9 Percent of Clients in Job Family for Which Applied:_____

1.2.10 Percent of Clients in Job Family for Which Trained:_____

1.3 Clients Success/Program Averages

1.3.1 Average Hourly Salary of Applicants:_____

1.3.2 Average Hourly Salary at Completion:_____

1.3.3 Average Grade Level of Applicants:_____

1.3.4 Average Grade Level at Completion:_____

1.4 Efficiency of Operation

1.4.1 Average Case Service Cost Per Client:_____

1.4.2 Average Duration of Client Services:_____

1.4.3 Average Cost Per Service/Percent of Individuals:

Service	Cost	Percent of Individuals
a)	a)	a)
b)	b)	b)
c)	c)	c)
d)	d)	d)
e)	e)	e)
f)	f)	f)

1.4.4 (Elapsed Time) Average Number of Weeks Clients in Project:_____

1.4.5 Average Number of Hours Per Week Clients in Project:_____

1.5 Quality of Life Improvement

1.5.1 _____ percent of clients surveyed indicate client satisfaction with program and/or "new life."

1.5.2 _____ percent of clients surveyed following completion indicate $_____ increase in wages.

1.5.3 _____ percent of clients surveyed (or client records reviewed) following project completion indicate improvement in their:

1.5.3.1 nutrition and health.

1.5.3.2 extent and type of social contact.

1.5.3.3 recreational activity ability.

1.5.3.4 physical endurance.

1.5.3.5 self-image, attitude and motivation to become employed.

1.6 Reasons for Failure

Where applicable, a random sample of case files closed in Status 08, 28 and 30 will be made as follows:

1.6.1 _____ cases Status 08 to ascertain why they were not accepted.

1.6.2 _____ cases Status 28 or 30 for reasons not rehabilitated. These may be compared to clients statements in interviews.

INSTRUCTIONS: Indicate "Less" for less than adequate; "Adequate"; or "More" for more than adequate.

2.0 Administration

2.1 Personnel

2.1.1 Personnel are well-trained and qualified: _____

2.1.2 Personnel are aware of their individual responsibilities: _____

2.1.3 (Where applicable) consultants are necessary and well-qualified: _____

2.1.4 Personnel have demonstrated ability to communicate well with Rehabilitation Division: _____

2.1.5 Personnel have had previous experience in occupational skill training: _____

2.1.6 Personnel exhibit significant administrative liaison between project and funding agency: _____

2.1.7 The number of professional staff is sufficient to serve the clients: _____

2.1.8 The number of clerical staff is sufficient to support project operations: _____

2.2 Budget

2.2.1 Accurate and complete records are kept on encumbrances, expenditures, etc.: _____

2.2.2 Expenditures/costs do not exceed projections: _____

2.3 Clients Records

2.3.1 _____ percent of random sample files reveal:

2.3.1.1 Completed evaluation forms including skill assessment, general observations, specific goals, recommendations: _____

2.3.1.2 Clients satisfaction questionnaire: _____

2.3.1.3 Pre- and Post-job applications or other tests: _____

2.3.1.4 Reasons why leaving project, where applicable: _____

2.4 Reports

2.4.1 Project reports are made to funding agency as required: _____

2.5 Resources

2.5.1 Facility square footage and design are indicative of project needs: _____

2.5.2 Equipment is in working order and is being utilized for project purposes: _____

2.5.3 Supplies are sufficient in number and quality for project use: _____

2.5.4 Travel time and costs are appropriate to project purposes: _____

3.0 Training Projects

3.1 Training in occupational skills and related services includes:

3.1.1 Work Evaluation: _____

3.1.2 Work Testing: _____

3.1.3 Job Tryouts: _____

3.1.4 Occupational Tools and Equipment Required for Each Training: _____

3.2 Training teaches specific job skills: _____
3.3 Selected occupational skill training areas are justified: _____
3.4 Training areas are appropriate to current employment opportunities: _____
3.5 Project has procedures for placing clients upon completion: _____
3.6 Group activities are used when there are sufficient numbers of clients with similar needs: _____

4.0 Facility Improvement Projects
4.1 Facility is making progress toward meeting specific State or Federal accrediting standards: _____
4.2 Specific improvements and dates of implementation objectives such as added staff, equipment, etc., are being met: _____
4.3 Improvements have resulted in increased number of clients served, placed, referrals, etc.: _____

5.0 Outreach/Community Impact
5.1 Project recruits clients, as demonstrated by the number of persons entering project who would not otherwise be in the program as a proportion of program openings (waiting list?): _____
5.2 Project retains client interest as demonstrated by number of applicants and enrollees as a proportion of program openings: _____
5.3 Project is actively involved with at least _____ referral sources: _____
5.4 Project personnel have had at least _____ favorable media exposures: _____
5.5 Project demonstrates potential to continue after termination of support: _____
5.6 Project demonstrates potential for project results to be effectively utilized after termination of support: _____
5.7 Rehabilitation Division professional practices and standards can possibly be improved by project and its process: _____

6.0 Project Relationships With Counselors
6.1 Project Adds to Rehabilitation Process: _____
6.1.2 Formal relationship exists for effective counselor referrals to Project: _____
6.1.3 Project provides adequate feedback to counselors on client progress: _____
6.1.4 Project is responsive to Rehabilitation counselor suggestions: _____

INSTRUCTIONS: Sections 7 and 8 to be completed by Project Director.

7.0 Project Self-Assessment
7.1.1 If you had to "sell" your project to someone, what would you say about it?

7.1.2 What other specific resources would enhance your project's ability to serve clients and why?

8.0 Exemplary Services

8.1 Give two case histories of clients who have especially benefited from the project. Please be as specific as possible, excluding names.

9.0 ADDED CRITERION (please specify):

The control group(s) for your project will be _____ and _____. Those items marked with an asterisk will be used for comparison.

Evaluation Comments: _____

_____

_____

_____

_____

N-1

STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
RALPH R. DISIBIO, Ed.D., DIRECTOR
ROBERT LIST, GOVERNOR
DEL FROST, ADMINISTRATOR

REHABILITATION DIVISION
ADMINISTRATIVE OFFICE
KINKEAD BUILDING, FIFTH FLOOR
505 EAST KING STREET
STATE CAPITOL COMPLEX
CARSON CITY, NEVADA 89710

Dear

In an effort to improve our services and to meet federal requirements for determining client satisfaction, we ask that you complete the attached survey questions and return the information to us WITHIN FIVE DAYS. Your answers will be kept confidential.

The information on this sheet identifies you as a respondent to our survey. Please keep this sheet attached to the questionnaire.

Name_____ Case #_____ Bureau_____

Rehabilitated_____ Not Rehabilitated_____ Office_____

Social Security Number_____ Date of Closure_____

Occupation at Closure(Code)_____ Earnings(Wages) At Closure/Week_____

Monthly Amount of Public Assistance at Closure_____ Counselor_____

Services Provided According To Closure Form (Items Checked)

	Type of Service Provided or Arranged for by Agency	Cost Only (1)	No Cost (2)	Cost & No Cost (3)
	Diagnostic & Evaluation			
	Restoration (Physical or Mental)			
Training	College or University			
Training	Other Academic (Elementary or High School)			
Training	Business School or College			
Training	Vocational School			
Training	On-the-Job			
Training	Personal & Vocational Adjustment			
Training	Miscellaneous			
	Maintenance (Example: Rent, Food, Etc.)			
	Other Services			
	Services to Other Family Members			

O-506

1. Did you receive the services indicated (checked) on page one? Yes_____ No_____

   1.1 If "No," what services did you not receive?

   _____

2. Is all other information on page one correct? Yes_____ No_____

   2.1 If "No," please indicate what is not correct.

   _____

   _____

3. Were you satisfied with the services provided to you? Yes_____ No_____

   3.1 If "No," please explain why you were not satisfied.

   _____

   _____

4. Were there services you feel you needed, but did not receive? Yes_____ No_____

   4.1 If "Yes," please explain your other service needs.

   _____

   _____

5. How did our services help you?

   _____

   _____

   _____

6. Would you recommend our services to a disabled friend? Yes_____ No_____

7. Do you wish to see a Rehabilitation counselor again? Yes_____ No_____

   7.1 If "Yes," what services do you feel you need?

   _____

   _____

8. Were you satisfied with the counselor's willingness to listen to your ideas while developing your rehabilitation plan? Yes_____ No_____

   8.1 Comments _____

   _____

9. Were you satisfied with the amount and kind of information provided by your counselor about your disability? Yes_____ No_____

   9.1 Comments _____

   _____

10. Were you satisfied with how quickly you received services from your counselor and others involved in your rehabilitation plan? Yes_____ No_____

    10.1 Comments _____

    _____

NOTE: FOR SERVICES MENTIONED IN QUESTIONS 11-14 THAT YOU DID NOT RECEIVE, PLEASE WRITE "N/A."

11. Were you satisfied with the kind of training you received? Yes_____ No_____

12. Were you satisfied with the benefits you received from training? Yes_____ No_____

13. Were you satisfied with the help you received in seeking and obtaining a job? Yes_____ No_____

14. Were you satisfied with the results of mental and/or physical restoration? Yes_____ No_____

15. Are you working now? Yes_____ No_____

16. Were you working on _____? Yes_____ No_____

17. Are you a homemaker? (Working only in the home with no wages) Yes_____ No_____

18. Are you retired? Yes_____ No_____

19. What is your job title? _____

20. What is your weekly salary (before deductions)? $_____

21. Do you receive any income from a government source? (For example, ADC; Social Security, etc.) Yes_____ No_____

21.1 If "Yes," what is the monthly amount? $_____

22. If you are not working, are you looking for work? Yes_____ No_____

23. If you are not working, how long have you been unemployed?

Less than one month _____ 4 to 6 months _____

1 to three months _____ 7 to 12 months _____

24. After you received rehabilitation services, have you been:

_____Mostly Employed _____Mostly Unemployed

24.1 If mostly unemployed, what do you feel has been the problem?

_____

_____

25. Did you receive help in completing this questionnaire? Yes_____ No_____

25.1 If "YES", was the person who helped you . . . . . (Please check)

A relative or friend _____
Employer or Work Supervisor _____
Vocational Rehabilitation Counselor _____

PLEASE RETURN OUR LETTER AND THE TWO PAGE QUESTIONNAIRE IN THE ENCLOSED ENVELOPE WITHIN FIVE DAYS.

THANK YOU!

Name_____

N-2

ROBERT L. BRUNELLE
COMMISSIONER

NEAL D. ANDREW, JR.
DEPUTY COMMISSIONER

STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION

DIVISION OF
VOCATIONAL REHABILITATION
105 Loudon Road Bldg. No. 3
Concord, N.H. 03301
Tel: 271-3471 (603)

April 23, 1981

Susan Stoddard, Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley, California 94703

Dear Ms. Stoddard:

The N.H. Division of Vocational Rehabilitation currently depends on monthly computerized statistical printouts to identify aged cases for counselors'/supervisors' attention. When a case exceeds what we have identified as an acceptable period in a given status, that client's name, status and time in status would appear on the counselor's printout. Periodically, counselors must submit explanations for delays to their supervisors.

Quality assurance is accomplished by requiring supervisory review of each case at each of four points of process, eligibility, IWRP, closure and case expenditure.

Additionally, we have adapted the Assumption College Case Review Process and have just begun our second systematic case review. Our process requires supervisors to review a sample of status changes in each counselor caseload against C.R.P. requirements and standards as revised by N.H. In turn, a sample of this sample is reviewed by each of three program directors. Finally, a designe of the Chief of the Division selects a sample from cases reviewed by program directors. Results are compared and joint reports written which identify concern areas, possible reasons, possible solutions and plans for addressing the problem.

Our first review identified a number of concerns that were addressed via training. Our second review is evaluating the effect training had on the problem areas.

I hope this is of some help in your research.

Sincerely,

C. F. Sawyer
Planning & Evaluation Specialist

CFS/ssr

LIVE FREE OR DIE

Disability Knows No Race, Color, or National Origin - We Serve All of the Handicapped

Equal Opportunity Employer - Equal Educational Opportunities

N-3

STATE OF NEW JERSEY
DEPARTMENT OF LABOR AND INDUSTRY
DIVISION OF VOCATIONAL REHABILITATION SERVICES
LABOR AND INDUSTRY BUILDING
TRENTON, NEW JERSEY 08625

JOHN J. HORN
Commissioner

GEORGE R. CHIZMADIA
DIRECTOR
(609) 292-5987

June 11, 1981

Ms. Susan Stoddard
Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley, California 94703

Dear Ms. Stoddard:

We in New Jersey are very interested in your work on the new standards for vocational rehabilitation. The New Jersey general agency has, the last two years, tried to address these standards. We are interested in both helping you and in receiving feedback from you on the development and measurement of these standards.

Your letter asks about two areas (quality assurance and case flagging) in which we are trying to develop efficient and effective systems.

Since 1975 we have used a flagging system for cases over 90 days in status 02. Monthly, our counselors receive a print out (Appendix 1a) arranged alphabetically by status of all cases in their caseload. A copy of this print out is sent to the counselor's supervisor. Cases which have been in status 02 for over 90 days are marked by an asterisk. We have set as an acceptable upper standard, 30% of a caseload's 02 cases in status over 90 days. When a caseload is over this limit for an unreasonable amount of time the supervisor and counselor should work together to determine the reason and solution for this situation.

Besides the counselor print out, an office manager receives a monthly summary (Appendix 1b) of an office's performance by caseload. This monthly summary lists each caseload's statistics which includes the percentage of 02 cases in status over 90 days.

In the Fall of 1980 we began to periodically look at the movement of cases in other statuses. About every six months we send to counselors and their supervisors a list of cases in statuses 10 and 12 which have been in these statuses for over six months and those cases in these statuses for between three and six months. Also sent is a list of cases in statuses 14, 16 and 18 in status over four years. These cases should be reviewed by the counselor and supervisor, and appropriate action taken.

The other area mentioned in your letter, quality assurance, is also of vital concern to us. We are in the process of developing and will pilot test a systematic case review instrument (Appendix 2), based on the critical questions from the San Diego Case Review Schedule.

New Jersey Is An Equal Opportunity Employer

Ms. Stoddard

June 11, 1981

In trying to address the standards (Appendix 3) a number of questions have arisen. Most questions are concerned with the method of measurement of a certain data element. For example Standard 4 data element ii asks for a comparison of the mean weekly salary of 26 closures at follow-up with that of the average worker in a given state. The State of New Jersey as well as the Bureau of Labor Statistics calculates the mean weekly salary for only factory workers and not the general worker. This leads to a distortion of the comparison and an inability to really answer the question.

Other questions are concerned with the validity of certain data elements. For example standard 4 data element iv asks for a "comparison of 26 closures with public assistance as a primary source of support before and after VR services." We question the validity of this data element because we believe it does not show what was intended. It appears this data element was intended to compare the number of clients receiving public assistance as their primary source of support at the beginning of or during rehabilitation services with the number receiving public assistance as the primary source of support at closure. Hoepfully, this number will be lower at closure than at referral or during service delivery. However, it may be better to compare public assistance at closure with public assistance at acceptance rather than at referral. At referral many people have SSI or SSDI cases pending, or may reach rehabilitation after being deinstitutionalized and not yet on general assistance. Also, at referral a counselor may not know if a client is receiving public assistance and update this information only after a client is in 02 status or later.

These are examples of questions raised when we tried to address the standards. If you believe it appropriate, maybe one of our staff could share with you some of the other problems we encountered in addressing the standards. Or it might be possible to work with one of the Model Evaluation Units to see how they are answering the standards.

We will appreciate any feedback you can give us.

Sincerely,

George R. Chizmadia

George R. Chizmadia, Director
Vocational Rehabilitation Services

N-4

State of New Jersey
DEPARTMENT OF HUMAN SERVICES
COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED
1100 RAYMOND BOULEVARD
NEWARK, NEW JERSEY 07102
TELEPHONE 648 - 3333

MRS. NORMA F. KRAJCZAR
EXECUTIVE DIRECTOR

May 7, 1981

Ms. Susan Stoddard
Project Director
3200 Adeline Street
Berkeley, California 94703

Dear Ms. Stoddard:

This is in response to your letter of April 6, 1981, concerning procedures for monitoring case movement. In our Vocational Rehabilitation Services section, there are three (3) distinct procedures for this purpose.

1. The Quality Assurance Unit provides a quarterly count of all active cases showing the length of time in status for each client. Delays are easily spotted in this count.

2. Supervisors Conduct Case Reviews at least four (4) times a year and more frequently if indicated. Flow Sheets are checked and case movement problems discussed during these reviews.

3. Computer Print Outs are also used for monitoring the length of time in status although at present this is the least reliable indicator since the information provided may not be as current as that obtained from the quality Assurance Unit or the Case Review Process.

We are enclosing a copy of a memorandum issued May 12, 1980, which provides guidelines regarding the length of time in status of clients wherever they may be in the Vocational Rehabilitation Process.

We trust that this information will be of use to you in your research efforts. If you have any further questions, please do not hesitate to contact us.

Sincerely,

Norma F. Krajczar

Mrs. Norma F. Krajczar
Executive Director

NFK/kk

N-4

MEMORANDUM.....COMMISSION FOR THE BLIND & VISUALLY IMPAIRED

DATE: MAY 12, 1980

TO: ALL VR SUPERVISORS AND COUNSELORS

FROM: EDWARD GORCZYCA, ASSISTANT CHIEF, FIELD SERVICES EJG

SUBJECT: MOVEMENT OF CASES THROUGH THE VARIOUS STATUSES

This memo is issued to establish guidelines for the movement of cases through the various statuses in a timely manner.

STATUS 00: New referrals should be contacted within thirty (30) days from the time counselor receives the case.

STATUS 02: A determination should be made to place client into 06, 10, or 08 within a five (5) month period of time.

STATUS 10: A determination should be made to place client into a diagnostic program within a three (3) month period of time.

STATUS 12: A determination should be made to place client into status 14, 16, or 18 within a three (3) month period of time beyond the projected date of initiation of service as listed on the IWRP.

STATUS 16: After completion of service a contact memo should be submitted
STATUS 18: indicating a status change.

STATUS 22: Sixty (60) days; a careful analysis should be made that all bills have been passed for payment and the case folder is in order for closure.

In all of the above statuses, in order to account for flexibility and provide for the individual needs of the client, if the specified time periods cannot be met, a contact memo should be placed in the case folder indicating the reason.

It was agreed upon by both supervisors and counselors that a minimum of four (4) case reviews per year would be conducted.

gv

N-5

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
OFFICE OF VOCATIONAL REHABILITATION
99 WASHINGTON AVENUE
ALBANY, NEW YORK 12234

DEPUTY COMMISSIONER FOR
VOCATIONAL REHABILITATION

May 6, 1981

Ms. Susan Stoddard, Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley, California 94703

Dear Ms. Stoddard:

This is in reply to your letter dated April 6, 1981, requesting information on case flagging and quality assurance techniques used in New York State.

In New York, flagging and quality assurance systems are combined. The procedure is computerized and a counselor caseload report is produced each month. This printout is sent to supervising staff in Central Office, Regional and local offices, and each counselor receives his/her own copy. Cases remaining in certain statuses longer than allowed are flagged with an asterisk. These statuses are as follows:

Status	Asterisk
00	More than 3 months
02	More than 6 months
10	More than 6 months
12	More than 12 months
14	More than 12 months
22	More than 3 months
24	More than 6 months

Statuses 06, 16, 18, 20 and 22 are initially monitored at the local office level. Periodic sampling reviews are conducted by the two Regional Offices staff. A copy of this printout is attached for your information. Client and counselor names have been crossed out for reasons of confidentiality. State and Area Office summaries are also enclosed for your review. A target of 10% has been established as an acceptable level for asterisked cases.

I trust that these data satisfactorily answer your inquiry.

Sincerely yours,

Basil Y. Scott

Basil Y. Scott
Deputy Commissioner

N7

STATE OF NORTH CAROLINA

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF VOCATIONAL REHABILITATION SERVICES

P. O. BOX 26053

RALEIGH 27611

JAMES B. HUNT, JR.
GOVERNOR

SARAH T. MORROW, M.D., M.P.H.
SECRETARY

CLAUDE A. MYER
DIRECTOR

April 21, 1981

Ms. Susan Stoddard
Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley, California 94703

Dear Sue:

This is in response to your request to Mr. Myer for materials that we use in "case flagging" (for undue delay) and other quality assurance procedures.

One of our best tools in helping counselors manage their caseloads is the client master list, which is distributed to each counselor carrying a caseload on a monthly basis. I am enclosing a copy of our manual material describing this computer printout (master list) for your information. Please note that I have circled (in red) the explanations for items 27 and 33 for your attention, as these items relate specifically to "case flagging". Item 27 reflects the cumulative number of months that the client has remained in current status. When a case has remained in Status 06 (extended evaluation) longer than the eighteen-month time limit, an asterisk will appear in column 33. Also, an asterisk will appear in this column (33) for any case in Status 00 - 24 when the client has remained in the status longer than the statewide average time period.

Copies of the master list are also distributed to the Unit Managers and Quality Development Specialists for each caseload where they have responsibility. The client master list is an excellent tool for management study to determine the progress of programs.

Approximately three years ago, we restructured our field organization in order to place increased emphasis on casework quality. We also revised and developed additional standards for casework. We included maximum time frames that a case should remain in the various statuses and also strengthened our case recording requirements for each status. Enclosed are copies of our manual materials for Statuses 00 - 32 which describe these expectations.

Eleven casework supervisor positions (formerly line managers) were restructured to provide for additional casework review and quality control. These

individuals now function as Quality Development Specialists. In addition to their functions of monitoring, casework review, and other quality control measures, they are also equally responsible for the developmental training of counselors. A functional analysis of these positions is enclosed to give you a detailed description. I am also enclosing a copy of our "case quality rating form", which is used in casework reviews performed by the Quality Development Specialists. Our field operations are geographically divided into four regions, each headed by a Regional Director. Each region is further divided into units and facilities, with a total of 31 unit offices and 7 facilities. The Quality Development Specialists are responsible to the Regional Directors and have responsibility for several unit offices and vocational rehabilitation facilities (e.g., mental hospitals, mental retardation centers, corrections, etc.).

I hope this information and the enclosed materials will benefit you in your exploration of quality assurance and case flagging approaches in our agency.

Please let me know if we can be of further assistance.

Sincerely,

Bob H. Philbeck
Deputy Director

BHP/jb

attachment

N-7

CASE QUALITY RATING FORM

_____
CLIENT NAME

_____
COUNSELOR

Instructions: The use of this casework rating system requires the reviewer to make subjective decisions. However, the structure of this system provides reviewers an opportunity to address the same issues in each case record reviewed. When items are marked 0 or 3, the reviewer should record specific reasons for the rating in the Comments Section.

INTAKE AND PROGRAM DEVELOPMENT ITEMS

P1 Timeliness of Services and Case Management

(Review R-1A entries, referral record, masterlist, etc., to determine timeliness of VR actions. Judgement is necessary to determine if case entries represent purposeful efforts to maintain case continuity.)

_____(3) Usually means client was interviewed within 15 days of referral and there was no unexplained gaps in services of over 30 days up through program development.

_____(2) Usually means client was interviewed within 30 days of referral and services were provided with no unexplained gaps of 30 days or more.
Delays or lack of contact were adequately explained or unavoidable.

_____(1) Usually means client was interviewed within 45 days and services proceeded with no unexplained gaps of 30 days or more.

_____(0) Usually means there was a delay of over 60 days between referral and client interview or client was never interviewed.
Or there were unexplained gaps in case activity of over 30 days.

Comments:

P2. Client Contact - Personal Interviews with Client

(Review CPR entries. The item assumes that some personal interviews with the applicant should be made and the norm would be one at the time of application for services and at least one at the time the program is developed. A single interview at application may result in ill-conceived plans.)

_____(3) Usually 3 or more client interviews, or interviews with examples of extra effort (home visits, contact and discuss with other professionals or other family members, previous employers, or referral sources, etc.)

_____(2) Usually 2 interviews; 1 at intake and 1 for planning.
May be 1 interview for rapid action case.

_____(1) Usually 1 interview, or more than 1 interview, but time between interviews limited continuity of case.

_____(0) No interviews, or so meaningless that planning could not transpire.

Comments:

P3. Rehabilitation Diagnosis

(Review R-4, CPR notes, and client information documents included in the case record.)

_____(3) Rehabilitation diagnosis indicates comprehensive investigation, analysis, and synthesis of data. The client's stated interest, scholastic performance, hobbies, work history, ratings on educational and vocational guidance tests, medical information and psychological dynamics were appropriately utilized in determining the vocational direction and goals of the client. Eligibility is clearly and efficiently established, demonstrating good use of diagnostic materials. Client involvement is obvious and well documented.

_____(2) Rehabilitation diagnosis is adequate. Client's stated interest, scholastic performance, hobbies,work history, medical information, psychological dynamics and attitudes towards work were explored and considered in establishing the vocational direction and goals. Eligibility statement is adequate and client is clearly eligible. Client involvement is adequate.

_____(1) Rehabilitation diagnosis may be appropriate. Diagnostic materials were utilized minimally to establish vocational direction and goals or goals were established based on the idea the client will return to his former job without thought to possible need for occupational change. Client is probably eligible, but diagnostic materials are of marginal quality or eligibility statement is not conclusive.

_____(0) No documentation of rehabilitation diagnosis--no rationale stated or apparent for the vocational direction or rehabilitation goals established. No client involvement apparent.

Comments:

P4. Rehabilitation Program

(Review Program, diagnostic data, CPR entries, and application form as needed.)

_____(3) Vocational goal is clearly appropriate.
Is clearly compatible with client's disability.
Is clearly compatible with client's interests and other client data as shown in diagnostic material including vocational assessment.
Planned services appear to be very appropriate.
Services appear to meet client problems as stated in application and diagnostic materials.
Program is specific regarding services to be provided: (a) what services, (b) the source for services, (c) when services are to be provided, (d) VRS contacts with client during services, (e) placement plan, and (f) client participation, (g) May have evidence of extra activities such as attempts to obtain services at no cost to agency, etc.

_____(2) Vocational Goal is appropriate.
Is compatible with client's disability and all diagnostic materials.
Planned services appear to be appropriate.
Services appear to meet all major client problems.
Program is complete regarding items (a) to (g) above.

_____(1) Vocational Goal is probably appropriate but questions may be raised.
Compatibility with disability may not be clear.
Rationale for Vocational Goal is questioned.
Planned services are probably appropriate but are questioned in 1 or more areas.
May not address all client problems or fail to show how services will meet client problems.
Is vague in addressing items (a) to (g) above.

_____(0) Vocational Goal is not compatible with client's disability, or is believed not feasible for client.
Vocational Goal conflicts with diagnostic reports.
Planned services do not appear appropriate.
Program fails to address significant client problems, or shows little apparent benefit to client.
Program fails to address major items in (a) to (g) above.

Comments:

P5 Other Factors in Case Intake and Planning

(Includes any events or factors not reflected in Items P1-P5, i.e., issues to be considered are feedback to referral sources, degree to which R-4 and NCR-13 are completed, use of agency medical consultant, appropriateness of certificate of eligibility or ineligibility, appropriateness of TF/SF certification, evidence of client involvement in eligibility determination, etc.) A combination of numerous deficiencies should result in a rating of 0! When items are marked 3, 1, or 0, the reviewer should record specific reasons for the rating in the comments section.)

_____(3) Case includes examples of exemplary case management not shown in Items 1-5.

_____(2) Case has no examples of notable "other" factors.

_____(1) Case has deficiencies not previously indicated.

_____(0) Case shows critical errors not previously indicated. Examples: Program might appear to be the work of the counselor without any input from client, or may appear to reflect events already transpired.

Comments:

SERVICE DELIVERY

D1. Service Delivery Prior to Placement and Follow-up

Primarily determined by review of IWRP, Addendums and CPR entries.

_____(3) All planned services provided to date with examples of extra effort to meet client needs. (Intervention for client, very prompt services.)

_____(2) All planned service provided to date in a timely manner. (Usually means no unexplained gaps in case activity.)

_____(1) All planned services provided to date but with apparent unexplained delays or lack of client contact. Planning incongruent with diagnostic data. (Usually means unexplained gaps in case activity). Little casework activity including minimal counselor-client involvement.

_____(0) Undue delays in provision of services. (Usually means unexplained gaps in case activity.) Some planned services never provided or obvious client needs not addressed.

Comments:

D2 Program Addendums

(including amendments, annual review, ineligibility reviews, etc.)

_____(3) Program reviews and appropriate addendums are timely and made as result of joint client-counselor action in response to new circumstances. May represent extra counselor effort to influence client into a more appropriate goal.

_____(2) Program review and appropriate addendums completed with maximum client involvement in a timely manner. Program reviews and appropriate changes include appropriate goals for client and follow for the original program. There is evidence of agreement between client and counselor before action is taken.

_____(1) Program review and appropriate addendums completed with client involvement. Program changes were made to accommodate client actions without counselor influence, or were made by counselor with little input from client. Tended to reflect events rather than plan ahead. Example: client obtains job difference from original program before program change made.

_____(0) Program review and appropriate addendums completed with minimal client involvement. Program changes may include inappropriate employment objective and/or inadequate or inappropriate services to client.

Comments:

D3 Placement Services

This item focuses on the planning and provision of services to prepare a client for work and to assist him in obtaining appropriate employment. This includes development of client attitudes consistent with the job environment and reconciling problems or barriers stemming from the milieu outside the client. There are numerous ways a counselor can be directly and integrally involved in job placement with a client, i.e. direct contact with employers, collaboration with other placement agents, task analysis and job modifications, etc.

Job readiness activities would include such items as providing information related to employment during client assessment and IWRP development, individual and group instruction of clients in job seeking and retention skills, personal assistance in preparing for job interview, etc.

_____(3) VRS made direction employer contacts in client's behalf as needed and engaged in job readiness activities as appropriate. (May be marked even if client outcome was unsuccessful.)

_____(2) VRS provided appropriate job readiness activities; routine referral to other placement agents, or no placement was needed. (May be marked even if client outcome was unsuccessful.)

_____(1) Client was available for employment for over 30 days without VRS effort.
Client obtained job but in inappropriate work.
Less than desirable outcome in case, possibly due to lack of VRS involvement.
Assisted with minimal job readiness activities

_____(0) Client was available for employment for over 60 days with no VRS effort to provide assistance. VRS assisted with inappropriate employment or inappropriate outcome resulted possibly due to lack of VRS involvement. Did not provide job readiness activities.

Comments:

D4 Follow-up Services - After Placement

Follow-up services may be incomplete at the point in time this item is reviewed. The Quality Development Specialist will review the item in light of what has transpired and make a judgment accordingly.

_____(3) VRS followed case after job placement for 3 or more purposeful client contacts and over 60 days. The counselor may also show extra effort by contacting employers, etc.

_____(2) VRS followed case after job placement for 60 days and made at least one purposeful direct client contact to assure satisfaction with job.

_____(1) VRS confirmed employment but not directly with client. There were long intervals in follow-up without contact with the client or employment sources.

_____(0) VRS closed case without 60 days follow-up, or with no evidence of contact with client after Placement.

Comments:

D5 Other Factors in Service Delivery

(Includes any events or factors not reflected in Items D1-D4. Factors to be considered are the adequacy of CPR notes, evidence that counseling was provided and that services were provided within a counseling relationship, authorizations, status changes, masterlist utilization, maintenance arrangements, PES, timely and proper bill processing, timely and proper correspondence and telephone response, other available resources and services utilized were in a timely and proper manner, evidence that significant services were provided and that VR services contributed to the client's rehabilitation, adequate closure summary, order or case record materials, non-independent casework showed appropriate counter-signature and feedback to referral source. When items are marked 3, 1, or 0, the reviewer should record specific reasons for the rating in the comments section.

_____(3) Case includes examples of exemplary case management not shown in Items D1-D4.

_____(2) Case has no examples of notable "other" factors.

_____(1) Case has deficiencies not previously indicated in items D1-D4.

_____(0) Case shows critical errors not previously indicated in items D1-D4.

Comments:

OUTCOMES

01. Achievement of Goal

_____(3) Achieved occupation stated in original or amended program. (may be in competitive, sheltered, homemaker or homebound status).

_____(2) Achieved occupational level stated in an original or amended program.

_____(1) Achieved rehabilitation, even if incompatible with clients disabling condition and if appropriate counseling was provided.

_____(0) Did not achieve rehabilitation.

Comments:

02. Change in Client Employment Status

_____(3) Sheltered or unemployed to competitive employment status.

_____(2) Student not working, or underemployed, to competitive employment status or student not working or unemployed to sheltered.

_____(1) No change in employment status but rehabilitated (includes homemakers and homebound).

_____(0) No change in employment status. Not rehabilitated.

Comments:

03. Increase in Weekly Earnings.

_____(3) Over $200 per week

_____(2) $101 to $200 per week

_____(1) $1 to $100 per week/or returns to same wage

_____(0) None

Comments:

N-8

STATE OF NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF SERVICES FOR THE BLIND

JAMES B. HUNT, JR.
GOVERNOR

SARAH T. MORROW, M.D., MPH
SECRETARY

P. O. Box 2658
RALEIGH 27602

L. EARL JENNINGS, JR.
DIRECTOR

Reply To: April 23, 1981

Ms. Susan Stoddard
Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley, California 94703

Dear Ms. Stoddard:

As requested in your letter of April 6, attached is information concerning our agency's case flagging and quality assurance.

We hope you will find this information useful. If you have any questions, please contact Jack Scott at (919) 733-4231.

Sincerely,

L. Earl Jennings, Jr.

L. Earl Jennings, Jr.

LEJjr:SA

Attachment

cc: Mr. George B. Staton
Mr. Jesse L. Sherrill
Mr. Jack C. Scott

N. C. DIVISION OF SERVICES FOR THE BLIND
P. O. BOX 2658
RALEIGH, N. C. 27602

I. Case Flagging

The agency master list of referrals, applicants, and clients is computerized. Included in the data items on each client is "Months in Current Status." The system is programmed to "star" the following statuses after three months: 00, 02, 10, 12, 20, 22, and 24. Also status 06 is starred after 15 months. This flagging procedure enables the counselors to quickly review their master lists to identify possible undue delay in status.

In addition to the above, a summary of the number of flagged cases for each counselor is provided to each supervisor.

II. Quality Assurance

Quality assurance in this agency is carried out thrcugh several procedures, controls, and monitoring. Among these are:

(A) Review by supervisor of all acceptances, rejections, and closures.

(B) Supervisor's review and approval of all IWRPs.

(C) Periodic review of sample cases by the Deputy Chiefs of Rehabilitation Services.

(D) Review and analysis of computer caseload summaries on a quarterly basis.

(E) Establishment of goals and objectives into the WP/PR (Work Planning/Performance Review) of each counselor and supervisor.

(F) Federal evaluation standards reports and special evaluation projects and studies.

N-9

SOCIAL SERVICE BOARD OF NORTH DAKOTA

ADMINISTRATIVE OFFICE
[redacted]
STATE CAPITOL
Bismarck, North Dakota 58505

JAMES O. FINE, Executive Director

DIVISION OF VOCATIONAL REHABILITATION

VOICE PHONE 701-224-2907

T.T.Y. 701-224-2699

May 14, 1981

Ms. Susan Stoddard
Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley, California 94703

Dear Ms. Stoddard:

Please excuse the delay in responding to your request for material used for case flagging and quality assurance.

Each month the office supervisor receives a "counselor masterlist" which shows, among other things, the number of months the client has been in the status. If the client has been in a status for longer than the suggested guidelines and the supervisor is not aware of the reasons for this, the individual client line on the counselor masterlist is highlighted with a marker. The supervisor then meets with the counselor to establish what would be an appropriate plan of action for the counselor to complete to assist the client's movement through the statuses. A date for the completion of the planned action is established and the case is again reviewed by the supervisor on that date.

The guidelines for status life are as follows: Status 00-1 month; Status 02-6 months; Status 10-2 months; Status 12-2 months; Statuses 14, 16, 18-1 year; Status 20-3 months; Status 22-4 months; and Status 24-2 months.

The counselor masterlist also identifies with an asterisk any client who has an I.W.R.P. due date within thirty (30) days of the printout.

In the quality assurance area, each counselor's supervisor is responsible to complete a 10% random sample of the counselor's casework each quarter. Results of the case review are written and discussed with the counselor and a copy is submitted to the office administrator. There is also an annual case review which randomly selects 10% of the regional offices caseload. This review is done by representatives from the State Office of Rehabilitation Services. In conjunction with this review, the SSA/VR Program is reviewed for compliance with the regulations.

If you would have any further questions or would like additional information, please contact us.

Sincerely,

James D. Leary

James D. Leary
Director
Rehabilitation Services

JDL/gg

0-1

State of Ohio

Rehabilitation Services Commission

1981 - International Year of Disabled Persons

COMMISSIONERS

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Cooper Sontag

May 26, 1981

Ms. Susan Stoddard, Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley, California 94703

Dear Ms. Stoddard:

Enclosed are copies of various monitoring reports and agency guides that relate to time-in-status, etc.

Sorry it took so long for me to respond. If you have any questions, feel free to contact me at (614) 438-1302.

Sincerely,

Dennis Wysocki
Program Evaluator
Division of Planning and Evaluation

Enclosure

DW/gb

STATISTICAL REPORTS

Name of Report	Frequency of Report	Level of Production	Report Content	Major Uses of Report
Master List of Cases	Monthly-produced on information received at Central Office through last day of the month	Caseload - Copy sent to each area supervisor, each rehab supervisor, and two to each office	Lists all open cases on the caseload and cases closed during the current quarter	A resource tool that indicates clients by status, number of months in that status, cases needing annual review, and specific client characteristic information
Management Information Report	Monthly-produced on information received at Central Office through last day of the month	Caseload, with team, group, district and State summaries - Copy sent to each area supervisor, each rehab supervisor, and each office	Cummulative statistics. Current fiscal year cases broken down by special groups	Monitors activity by special group. Monitors caseload movement, balance. Provides cummulative statistics for fiscal year, and certain caseload management measures
New Referral Report	Monthly-produced on information received at Central Office through last day of the month	Group with District and State Summaries - Copy sent to area offices, and rehab supervisors	Current fiscal year referrals by referral source and month Note: Uses referral date not date the referral was processed	Monitors new referrals by month for each referral source
Thermistats	Quarterly	District and State. Other breakdowns available upon request. At present time copies sent only to select BVR districts	Provides special information on clients by status	Provides special information on groups of clients
Time in Status Report	Quarterly	Caseload - Copy sent to area supervisor and each office	Shows number clients in 00, 02 and 10 for long periods of time and length of stay for clients currently in each status	Lists clients in status 00, 02 or 10 for 10 months or more. Shows current average length of stay in each status. Monitors case movement delays.

Caseload Management Guides

Caseload distribution guides:

	Suggested	RSC-FY78 Actual
Referral, applicant, extended eval. statuses	32-42%	51%
Active Statuses	58-68%	49%
of active caseload:		
Statuses 10 and 12	13-17%	11%
Statuses 14	6- 8%	6%
Statuses 16	9-15%	10%
Statuses 18	30-40%	46%
Statuses 20	8-10%	8%
Statuses 22	12-14%	12%
Statuses 24	9-10%	7%

Months in status guides:

Status	Desired Average Months		Maximum Limits Months	26's FY-78	
00	1.0	4-5 mos. avg.	2.0	0.9	6.3
02	3.0		4.0	4.5	
06	9.0		18.0	6.8	
10	1.0	15 mos. avg.	2.0	1.5	17.9 m a
12	1.0		4.0	1.0	
14	4.0		12.0	3.5	
16	4.0		12.0	5.4	
18	10.0		48.0	12.6	
20	2.0		4.0	3.9	
22	2.0		4.0	3.1	
24	2.0		12.0	5.3	

OHIO BUREAU OF VOCATIONAL REHABILITATION
Effective Caseload Characteristics and Accomplishment

O-1

PREFERRED MINIMUM CASELOAD SIZE - ALL STATUS

VRC - 1 - 100
VRC - 2 - 125

CASELOAD STATUS DISTRIBUTION

32% - 42%	58% - 68%
00 - 02 - 06	10 thru 24

TIMELINESS OF SERVICE GOAL (CASELOAD AVERAGE)

(00) - 1 mo.	(02) - 3 mo.	(10) 1 - 2 mo.

Total should not exceed 4 no. average, 00 thru 10.

BVR COUNSELOR EXPECTATIONS - COMPLETED REHABILITATIONS

	MARGINAL	AVERAGE	ABOVE AVERAGE	EXCEPTIONAL
VRC I	25	26 - 29	30 - 34	35 or more
VRC II	29	30 - 34	35 - 39	40 or more

SEVERELY DISABLED REHABILITATIONS
(General caseload)

	MARGINAL	AVERAGE	ABOVE AVERAGE	EXCEPTIONAL
VRC I, II	44%	45 - 54%	55 - 59%	60%+
Dun avg		48		
Dist. avg.	IN	IN	11	

BVR Group/Team Performance Model

Fiscal Year 1980

RST #_____

Quarter_____

	1	2	3	4
	Group/ Team Average	Bureau Average For Qtr.	Group/ Team Average FY-79	Group/ Team Hi-Perf. FY-79
1. Rehabs/Caseload				
2. Tot. Closure Cost/Rehab				
3. Applicant Rehab Rate				
4. Accepted Rehab Rate				
5. Average Caseload Size				
6. Caseload Distribution - % Active				
7. Number of cases, 00 over 3 mos.				
8. Number of cases, 02 over 3 mos.				
9. Number of cases, 10 over 3 mos.				
10. Percent rehabs SD				

Key:
1. Your group or team average for Quarter
2. Self-explanatory
3. Your team or group average for FY79
4. Statewide group or team high performance for FY79 individually for each category.

O-2

STATE OF OKLAHOMA
OKLAHOMA PUBLIC WELFARE COMMISSION

DEPARTMENT OF INSTITUTIONS, SOCIAL AND REHABILITATIVE SERVICES
(Department of Public Welfare)

L. E. Rader
Director of Public Welfare

Mailing Address: P.O. Box 25352

Sequoyah Memorial Office Building
OKLAHOMA CITY, OKLAHOMA - 73125

April 17, 1981

In Reply - Address to Director
Attention: Lowell E. Green
Executive Assistan:

Susan Stoddard
Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley, California 94703

Dear Ms. Stoddard:

In response to the request made in your letter of April 6, 1981, we are enclosing copies of several of our forms or documents broadly related to quality assurance and case flagging.

Here are brief explanations of each:

1. SR901 is generated monthly to inform area supervisors regarding counselors who need to make Program/Economic Need Reviews with their clients. An individual message for each overdue review is generated for the counselor. The message is repeated each month until the review takes place and the counselor updates Block 205 of the RVS 105R.

2. RVS 105R is the basic data processing document used by Rehabilitative and Visual Services in Oklahoma. Original entry and updating are available in or near every rehabilitation office in the state.

3. This is a portion of the Agency Form Guide which deals with edits, exception messages, and time-in-status limits.

4. SR205 is a master list generated for each counselor every month. Overtime is indicated in the far right-hand column, and summary data are tabulated at the end of each counselor's master list.

5. This packet includes copies of the Case Review Worksheet with Instructions and an explanation of case selection procedures. This form is used by review teams headed by personnel from the Program Evaluation Section of the Program Development Unit, State Office. Team members include one representative from each of the four administrative areas of the state. This review is made on each caseload every two years.

6. VR-C-55 (with instructions). This form is used by area supervisors for review of cases within their units and is used annually for each caseload.

We hope the management information enclosed will be of help to you. If you desire further information or if you have any questions, please contact Gerald S. Rosecrants, Program Evaluation Supervisor, Rehabilitative Services #24, State Office, P.O. Box 25352, Oklahoma City, Oklahoma 73125, phone (405) 424-4311, extension 2322.

Very truly yours,

L. E. Rader
Director of Human Services

Enclosure

2/81 .. 185

C-2

CASE REVIEW WORKSHEET

Date_____

Cslr._____ Csld._____

Client Name_____ Case #_____ Status_____

	Y	N	
1. Medical information adequate and current at acceptance	____	____	1.
2. Primary and Secondary Disability correctly coded	____	____	2.
3. Severe Disability Status correctly coded	____	____	3.
4. VR-C-18 describes vocational limitations	____	____	4.
5. Intermediate objectives identified on VR-C-5	____	____	5.
6. All services identified on VR-C-5	____	____	6.
7. Appropriate information listed for each service shown on VR-C-5	____	____	7.
8. Reverse side of VR-C-5 complete	____	____	8.
9. Was consideration of similar benefits documented	____	____	9.
10. Was IWRP reviewed with the client as needed	____	____	10.
11. Financial need determination correct and reviewed as needed	____	____	11.
12. Vocational objective realistic and compatible with disability	____	____	12.
13. Have authorization cancellations and changes been kept current	____	____	13.
14. Sufficient and timely contact maintained with client	____	____	14.
15. Is client currently in a Co-op High School Work Study Program	____	____	15.
16. Is IEP and IWRP coordination documented	____	____	16.
17. Are Teacher Coordinator contacts documented	____	____	17.
18. Is student/client currently employed or in training	____	____	18.
19. If closed as a Homemaker, was that the original vocational objective	____	____	19.
20. Were training costs provided with VR funds	____	____	20.
21. If training was provided, was it related to occupation at closure	____	____	21.
22. VR-C-5B properly completed	____	____	22.
23. VR-C-5C properly completed	____	____	23.

CASE REVIEW WORKSHEET INSTRUCTIONS

Items 1 through 18 are to be checked on all active cases. Items 1 through 22 are to be checked on cases in statuses 26, 32 and 33. Item 23 is to be checked on cases in statuses 08, 28 and 30.

1. If all medical conditions were not investigated, check "NO" unless the reason is adequately justified in the recording. If medical reports were used in lieu of new examinations (both general and specialist), check "NO" unless they contain adequate information and/or, are not more than six months old. (See CWM 2220.2, 2220.5)

2. Check the codes in Blocks 228 and 231 to make sure that the code is consistent with the description of the disability. If the disabilities are not described correctly on the 105R, (Blks 227 & 230) this item may be checked "YES" but a comment should be made on the form to draw the incorrect description to the counselor's attention. Comment should also be made if, in the reviewer's opinion, the primary and secondary conditions have been reversed.

3. See 105R Form Guide Instructions, page 51-59 for coding instructions. If there is evidence in the record to indicate that the case could be coded as severely disabled but the counselor has failed to do so, check this item "NO" and comment accordingly. In some cases the disability description or disability code may be incorrect which might affect the coding of the severe disability status. In situations such as this, make your judgement on the basis of the correct disability code.

4. The specific vocational activities the client can not perform due to his disability should be referenced e.g., "Jobs which require dealing with people, frequent change, responsibility for others, repetitive tasks, bending, walking, etc. A list of specific occupations should be checked as "NO" unless there are a sufficient number of them listed to demonstrate that a substantial employment handicap exists.

5. Form Guide VR-C-5 instructions. (CWM 2272.8)

6. All services planned and/or provided must be shown on the VR-C-5. Check against authorizations and 105R planned costs. If any discrepancies between VR-C-5, authorizations or 105R planned costs are evident, check "NO" and comment as to the discrepancy. Diagnosis and evaluation services are not required to be shown on the VR-C-5 if no extended evaluation program was written. (Form Guide VR-C-5 instructions)

7. Check for evaluation criteria, provider, rates, when appropriate and beginning and ending dates on each service shown on the VR-C-5. (Form Guide VR-C-5 instructions, CWM 2272.8) Do not check "NO" on this item for any service not shown and for which #6 was marked "NO".

8. Check review schedule (If IWRP services do not extend beyond 12 months, review schedule may be blank), client views (counselor views are optional), and appropriate signatures and dates. (FG VR-C-5 instructions, CWM 2272.8)

9. Similar benefits documentation can be on the VR-C-5, or other narrative recording. (CWM 2236.1, 2245.6, 2201)

10. Check for documentation to show the client was given an opportunity to review the IWRP at least once a year and that if the client declines the review, this fact is documented. Cases in 06 must be reviewed every 90 days, but do not necessarily have to be done with the client (CWM 2236.2, 2272.3, 2272.8, 2274.1, 2274.3, Form Guide 105R instructions, pp 4-7)

11. Is information on VR-C-36 complete, current and consistent with other case record information. Was financial need determination made each time client's financial situation changed if client is shown to be in economic need and was a review conducted at least annually. If services based upon Economic Need were not provided or planned, mark this item "NA".

12. If, in your judgement, the vocational objective is unrealistic, check the item "NO".

13. Look through outstanding authorization folder for authorizations on the case being reviewed. Check dates and case recording. If authorization appears to be in need of cancellation or liquidation, draw it to the counselor's attention in comments. If it definitely needs to have been liquidated, cancelled, or changed mark "NO" and identify the authorization(s) in a comment. (RVS Memo 80-46)

14. Was client contacted when there was any indication of a need for it?

15. If client is not currently in one of the Co-op High School Programs, check "NO" and leave #15, 16, 17 blank. Check for coding in Blocks 168 and 170.

16. Individualized Education Program (IEP) and IWRP coordination is evidenced by C-11 recording, IWRP or program summary recording or inclusion of the IEP in the VR case record

17. If there is not at least one contact report per semester by the Teacher Coordinator, check "NO".

18. If student/client is not working or in a training program outside of the school classroom at the time of the last recorded contact, check "NO" (unless the last recorded contact was in the summer or between semesters in which case make determination of working status on basis of previous semester.)

19. Self explanatory.

20. Training costs include any expenditures associated with a client's training whether or not the actual tuition was paid by the agency, e.g. tuition, books and supplies, maintenance and/or transportation associated with training, training fees, etc. If not provided or if provided at "No Cost", check "NO".

21. If training was not provided or it was provided with none of the costs identified in item 7, mark "NA". The determination of relatedness is to be made on the basis of course content and the type of work activities in which the client is engaged. Do not make a determination solely on the basis of what has been said in the closing summary. Verify it from the record.

22. Check for completeness and accuracy of the form and adequacy of counselor's explanation as to suitability of employment. Check dates of supervisor's signature with effective date of the 105R document (Blk 111) that moved case to Status 26. (FG vr-C-5B instructions, CWM 2272.17 (3).

    If case was closed in Status 26 prior to 2/81, check the VR-C-11 closing summary to see if it contains statements as to the services that were provided, the suitability of the client's employment, the employer's name and address, and an analysis of how the services contributed to the client's employment. Also check dates of supervisor's and counselor's signature with effective date of the 105R document (Blk 111) that moved case to status 26

23. Check for proper designation of reason for closure on the VR-C-5C and the 105R (Blk 110), adequate documentation of reason for closure, client's views and date of annual review when case is closed due to ineligibility.

-/81

PROCEDURES FOR SELECTING CASES TO BE REVIEWED

Cases for review will be selected from a printout containing the cases on each caseload being reviewed and their status as they were at the end of the month preceding the review. The printout will contain all active cases above status 10 and those in 06, all cases in status 26-33 and cases in statuses 08 (except 00 to 08), 28 and 30 closed after 2/81.

The cases on the printout will be randomly selected according to the following stratification scheme.

STATUS	NO. OF CASES
06	1
12	1
14	1
16	2
18	3
20	1
22	2
24	1
08	3
26	6
28	3
32	1
	25

If there are not enough cases on the caseload in any one of the active statuses (06, 12-24), additional cases will be evenly selected from statuses 16 and 18 in the order of preference.

If there aren't enough cases on the caseload in statuses 08 or 28, select additional cases from the other status (08 or 28) if there are still not enough, select additional cases from status 26.

If there are not enough cases in status 32 or 26, select from the other (26 or 32). The next order to select from if there are not enough 26's or 32's should be statuses 22, 20, 16 in that order of preference.

STATE OF OKLAHOMA
DEPARTMENT OF INSTITUTIONS, SOCIAL AND REHABILITATIVE SERVICES

O-2

WORKSHEET FOR CASE REVIEW

COUNSELOR_____ CLIENT_____ STATUS____ DATE_____

YES	NO	NA		
			PRELIMINARY INVESTIGATION	
___	___	___	1. Survey form complete and significant information securing during the initial interview.	
___	___	___	2. Prompt follow through on referral. If no, explain.	
___	___	___	3. Adequate diagnostic workup. If no, explain.	
___	___	___	4. Adequate vocational testing. If no, explain.	
___	___	___	5. Record reveals client advised or rights under Title VI.	
			CASE EVALUATION & PLANNING	
___	___	___	6. Eligibility adequately established (disability, limitation, vocational handicap).	
___	___	___	7. Services needed by client adequately indentified.	
___	___	___	8. Explain how planned services will result in employability.	
___	___	___	9. Recording shows evidence of counseling and client's involvement in plan development.	
___	___	___	10. Record reveals client was made aware of his responsibilities (letter, VR-C-400).	
___	___	___	11. Vocational objective appears realistic. If no, explain.	
___	___	___	12. Economic need determined.	
			PROVISION OF SERVICES	
___	___	___	13. Minimum of delay in providing planned services.	
___	___	___	14. Other services needed, but not provided. If yes, explain.	
___	___	___	15. Services interrupted. If yes, explain.	
___	___	___	16. Appropriate use made of other resources. If yes, describe.	
___	___	___	17. Adequate supervision provided client during service period as evidenced, by recording.	

Okla. DISRS Revised 2-71

VR-C-55

JOB PLACEMENT, FOLLOW-UP AND CLOSURE

18. ___ ___ ___ Adequate assistance is placement provided as needed.

19. ___ ___ ___ Suitable occupation at closure. If no, relation between objective and job at closure does record reveal basis for change.

20. ___ ___ ___ Adequate plan adjustments and plan revisions made.

21. ___ ___ ___ Record reveals how client benefited from services.

22. ___ ___ ___ Appropriate standards for terminating case was met (basis for closing 08, 28 and 30, denial letter, etc.)

MISCELLANEOUS

23. ___ ___ ___ If rejected, was client referred to other resources?

24. ___ ___ ___ Material in folder neatly and properly filed.

25. ___ ___ ___ Recording in general seemed adequate.

26. ___ ___ ___ Proper use of funds.

This space to be used for additional comments the supervisor feels should be brought to the attention of the counselor and/or the administration.

CASE REVIEW INSTRUCTIONS VR-C-55

This form is to be used to record information obtained in a case review. It should also be used to counsel with the employee whose work is being reviewed and to assist the supervisor in preparation of his narrative report. The form is not to be submitted to the State Office. Explanation of specific items are as follows:

PRELIMINARY INVESTIGATION

1. All of the information should be completed at the time of initial interview, except items 26-29. These should be completed when placed in status 10. The second page of the initial interview form should be completed in information, as requested.

2. Did the case process evenly and expeditiously through referral and diagnostic process?

3. Was sufficient medical and/or psychological evaluations received to establish eligibility and feasibility? Was recommendation on general medical followed for special examinations? If not, was reason explained? Was explanation given for additional examination not recommended?

4. If a training case, did the counselor provide sufficient and proper vocational testing to determine feasibility for his training situation?

5. Other than having signed the application form.

CASE EVALUATION AND PLANNING

6. Fully describe parts 1 and 2 of the VR-C-18.

7. Service, whether bought, arranged or provided by client, shown on total plan.

8. Will services remove the disability or will it train around the disability.

9. Show participation of both client and counselor in plan development.

10. Written evidence of client having been made aware of his responsibility.

11. Is vocational objective compatible with abilities and disability?

12. Economic need established, if applicable.

PROVISION OF SERVICES

13. Consideration given to individual situation.

14. Diagnosis, physical restoration, training, whether bought or arranged for,

15. Self explanatory.

16. Self explanatory.

17. Whether by home or supervising counselor.

18. As indicated by case recording or correspondence.

19. Is occupation compatible with disability, abilities, past work experience or training?

20. Self explanatory - matter of record.

21. Case recording.

22. According to agency manuals, form guides, and instructions.

MISCELLANEOUS

23. Self explanatory.

24. According to standard filing.

25. According to acceptable agency standards.

26. According to agency policies and regulations.

O-3

VICTOR ATIYEH
GOVERNOR

Department of Human Resources

VOCATIONAL REHABILITATION DIVISION

Administrative Office

2045 SILVERTON ROAD N.E., SALEM, OREGON 97310 PHONE 378-3850

April 15, 1981

Ms. Susan Stoddard
Berkeley Planning Assoc.
3200 Adeline Street
Berkeley, CA 94703

Dear Sue:

Following our conversation of yesterday, I discussed changes in our quality assurance process with our Administrative Review Specialist.

The attached document describes our current standards and method of assessment. In our counselor performance appraisals, we do not consider quantitative factors unless all qualitative areas have been found acceptable.

It should also be noted that this system is undergoing revision in conjunction with our overall revisions of our Administrative Manual. I will send you a copy of these materials when they become available (July, 1981).

If you have any questions, please feel free to call me.

Sincerely,

Ross T. Moran

ROSS T. MORAN, Ph.D.
Evaluation Specialist
Program Planning and
Evaluation

RTM:skn
Attachment

P-1

Commonwealth of Pennsylvania

Department of Labor and Industry

4/20

BUREAU OF VOCATIONAL REHABILITATION

Labor and Industry Building

Seventh and Forster Streets

Harrisburg, Pennsylvania 17120

Susan Stoddard, Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley, CA 94703

Dear Ms. Stoddard:

In response to your letter on materials used by our Agency for case flagging and quality assurance, listed below and attached you will find examples that we presently use in our Agency.

A. Case Flagging

Counselor Total Page

The "counselor total page" is a two-page report compiled from relevant statistical data obtained from a counselor's assigned caseload. This report can be of valuable assistance in analyzing a particular counselor's caseload activities. This report is used by district, regional and central office personnel.

Seventeen Status 10 Cases

This report is another variation to the regular alphabetic counselor printout. The use of this report enables management to specify one particular status from the regular alphabetic counselor printout.

Cases in Status 10 for 4 or More Months

This report designates a specific number of months in a specific current status. This report is used by the district, regional and central office personnel.

Cases Due for an Annual Caseload Review

The Annual Caseload Report is available to assist rehabilitation staff in accomplishing the federally mandated annual comprehensive review as explained in the IWRP system. The report will produce a listing of only those cases that are to be reviewed within a 3-month period or are past due for a comprehensive review. Cases that are due within the current month will be indicated by asterisks. One asterisk will be located to the left of the clients' last name, two asterisks will be located under the "data" column. If a case is past due, D's will be located in the same positions as the asterisks. This report is used by district, regional and central office personnel.

The above mentioned reports are available at the district office terminal.

Delinquent Annual Caseload Review Cases

There are two types of reports. Both are attached. One report is a delinquent listing of cases by counselor sent to each district office. The other report is

report is a cumulative report of delinquent annual caseload review cases that is formatted and sent to all appropriate district, regional and central office staff.

B. Quality Assurance

Similar Benefits Utilization (Booklet)

This is a structured system which is presently being pre-tested in a pilot study to identify and collect, via the teleprocessing unit, the clients that use similar benefits, sources of similar benefits, services utilized in similar benefits and cost savings by using similar benefits. This is primarily a management tool to monitor quality and quantity of similar benefits utilization. Additional information is stated in the attached booklet.

Case Review Process in Program Evaluation (Booklet)

A structured process such as a case review system is used to monitor and identify case service patterns within the rehabilitation process. The entire process is contained in the attached booklet.

Evaluating the Severely Disabled Client Population
Served by the
Pennsylvania Bureau of Vocational Rehabilitation (Booklet)

The information in this booklet is used to monitor and evaluate the four types of severely disabled client population. The data from the computer printout is formatted for meaningful utilization by central office and district office staff.

We have found, through our experiences, that our procedures for case flagging and quality assurance have been very effective from managements' and counselors' perspective, since they meet our needs and are assembled, developed and formatted for the intended user.

If you have any questions concerning our material on case flagging or quality assurance, please feel free to contact me.

Sincerely,

George C. Lowe, Jr.
Director

Attachments

P-2

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
OFFICE FOR THE VISUALLY HANDICAPPED

P.O. BOX 2675
HARRISBURG, PENNSYLVANIA 17120

May 12, 1981

RECEIVED
MAY 26 1981

Berkeley Planning Associates
3200 Adeline Street
Berkeley, California 94703

ATTENTION: Susan Stoddard, Project Director

Dear Ms. Stoddard:

In response to your letter of April 6, 1981, I have had my VR staff assemble the attached materials which I hope will be of some value to you.

The first attachment is our Case Management Exception Listing which allows both our VR counselors and supervisors to monitor all those cases in a counselor's caseload which exceed a specified number of months in a particular status. Attachment Number 2 provides the parameters upon which the Case Management Exception Listing is based. We have found this management approach to be quite beneficial and our practice has been for the listing to be reviewed by the VR Supervisor in our field offices on a quarterly basis with the VR counselor.

We are presently in the process of developing chapters for a VR counselor's handbook which will include procedures, review techniques, etc. to identify undue delay in case statuses. We are still in the process of refining our instructions in this area and do not have them yet ready for publication.

Regarding quality assurance in the VR program, our approach has been to conduct program and administrative reviews, including the review of records, review of procedures in our field offices, as well as on site client satisfaction surveys with a random sample of clients successfully rehabilitated. We have found this approach to be quite effective and well worth the extra time involved. We are also in the process of developing manual chapters for our VR counselor handbook to further specify these aspects of the VR process. However, we can share with you a copy of our memo of expectations which serves as our

primary guideline at this time. We will be modifying some of our Expectations Memos when our additional guidelines are published, since we have experienced some significant changes since the time the memo was published. We do feel, though, that it will provide you with an idea of some of the performance standards we have established.

We hope that this information will be of benefit to you, and please let us know if we can be of any further help in the future.

Sincerely,

Joseph A. Snyder
Acting Commissioner

JAS:cl/vmb

Attachments

OA-501 12-67 Comp. File W. Zappini P.2

COMMONWEALTH OF PENNSYLVANIA

December 22, 1976

SUBJECT: Case Management Exception Listing

TO: VR Counselors

FROM: Alice M. Taylor AMT
Assistant Manager

A product of our new EDP will be the provision to each D.O. a separate monthly Case Management Exception Listing by Counselor Code. This will serve as a supervision and management tool. It will show cases that have remained in the same status for a period of time exceeding an acceptable time frame.

The list will include cases that have been in a given status longer than the period shown here:

Status	No. of Mo.	Status	No. of Mo.
00	4	16	9
02	4	18	48
06	18	20	6
10	6	22	3
12	3	24	6
14	6	32	12

Attached is your simulated list and I understand it is only a partial list. A more complete list including the simulation should be received soon. However, for now it is important to keep the attached in your work file, review it and attempt to move the status of clients listed.

When complete monthly Case Management Exception Listings are received, the Counselor should proceed as follows:

1. Review each record listed.
2. Determine cause of stagnant status.
3. Show in an R9:
   a. What you will do to expedite status movement; or direct supervisors attention to the fact that this has already taken place.
   b. Justification, where applicable, for case having been too long in a status, or for resubmitting to that status.

Atch 2

4. Submit the records to supervisor who will determine whether the cases may be resubmitting to EDP, thus allowing an additional similar time frame.

It is vital that we do not ignore the new service; that we recognize the need for better caseload management; that we document justification where it applies and that the supervisor is involved in that decision.

This is preliminary information which we can pursue at VR staff conference in January, 1977!

AMT/jo

Attach.

cc: Mr. Apgar
Mrs. Taylor
Statistical (Computerization) file
Caseload Management (VR) file

P.2

OA 501 12-67

COMMONWEALTH OF PENNSYLVANIA

November 20, 1978

SUBJECT: OVH/VR-79-2
Expectations for District Office and Fieldwork Function in the Vocational Rehabilitation Program.

TO: All District Managers

FROM: Ralph E. Beistline
Commissioner

The District Managers with direct line authority from the Commissioner assure that the following performance expectations are enforced at the District Office level. It is understood that the District Managers delegate authority and responsibility to subordinate management and supervisory personnel, however, ultimate responsibility for compliance rests with the District Managers.

These expectations have been revised as a result of the Central-District Offices meeting in which all District Offices were represented held in Central Office, October 6, 1978.

The following expectations are effective immediately:

I. WORK ITINERARIES

The District Manager assures that all Vocational Rehabilitation Staff submit to their immediate Supervisor a detailed itinerary for their proposed activity covering the next week. Itineraries are due on or before each Friday. The itinerary contains the individuals to be contacted and the purpose for each contact, as well as days in the office and leave days planned. Any change in an itinerary is handwritten but cleared in advance with the Supervisor. The following factors are considered in planning, preparing, and evaluating work itineraries. The District Manager assures that:

A. Caseload carrying VR staff average 50% of their time in the field and 50% in the District Office.

B. O&M VR staff average 80% of their time in the field and 20% in the District Office.

C. Caseload carrying VR staff average the performance of eight (8) employer contacts per staff member per month.

D. Caseload carrying VR staff average the performance of five (5) direct personal contacts with clients, employers, or community facilities, per staff member, per day in the field.

E. O&M VR staff average the provision of O&M training to two and one-half (2-1/2) clients per day in the field.

Atch 3

F. All itineraries are maintained on file for at least one (1) complete Federal fiscal year prior to the present fiscal year. To determine whether adequate planning is being used in preparation of itineraries, the Manager compares them to the employee's expense account periodically. The need for work conferences and/or training are developed from such comparisons.

Averages referred to in item "A" through "E" are computed on a monthly basis and applied to total staff in each VR group, i.e., caseload carrying or C&M staff. This permits the District Manager the flexibility of establishing special work assignments if desired, such as facility or placement functions.

Itinerary files are subject to Central Office review.

II. CASE MANAGEMENT

The District Manager establishes procedures (such as random sample case reviews, review of selected cases from the VR staff's exception lists, and/or individual or group VR staff conferences) to insure proper case management and effective service delivery. The following factors must be addressed:

A. That significant narrative entries are inserted in all case records at appropriate points, but at no greater interval than ninety (90) days.

B. That information regarding job placement contacts, performed by both client and counselor, are narratively documented in all case records.

C. That an average caseload of caseload carrying VR staff consists of a maximum of 150 cases. The cases are distributed into 50% in status 00, 02, and 06; and, 50% in status 10 through 24.

D. The review of the exception lists of all caseload carrying VR staff on a monthly basis. Case record review and conferences with VR staff will determine whether the delay in a particular status is warranted and sufficiently documented.

E. Supervised monthly review of all caseload carrying VR staff master lists. Errors or inconsistencies are resolved by VR staff by submitting correcting documents to the District Office Data Control Clerk.

F. That all caseload carrying VR staff will prepare and submit to the District Office Data Control Clerk those forms necessary for the updating of the master lists as each required reporting event occurs.

G. That a log system will be used for maintaining an accurate and timely notation of referral dates.

The District Manager assures the evaluation of the above factors in conjunction with day-to-day reviews of approval of IWRP's, IWRP Amendments, and all closure actions which identify individual and group problems. These problems can be treated by:

A. In-service training at the District Office level.

B. On-the-job training by the Supervisor.

C. Consultation with and/or assistance from Central Office Specialists.

D. Statewide in-service training.

III. EVALUATION OF STAFF PERFORMANCE

Adequate VR staff performance and client satisfaction shall be evaluated via the following management and supervisory activities:

A. All VR staff shall be accompanied in the field by a District Office Manager or Supervisor to whom he is subordinate, at least two (2) full days per Federal fiscal year. Counselors evidencing problems shall be accompanied more often. One indicator would be a counselor's inability to meet negotiated production and/or assigned categorical placement percentages at the end of each quarter. Ongoing observations will allow the evaluation of VR staff effectiveness. Areas to consider include, but are not limited to:

1. Efforts to involve the client in the development and implementation of the client's rehabilitation program.

2. Ability to achieve predetermined objectives and goals with and for the client.

3. Effective counseling skills.

4. Effective communication.

5. Awareness and utilization of community resources.

6. Effective use of itineraries.

7. Satisfactory performance of employer contacts including preparation.

8. Effective training techniques.

9. Application of appropriate training content.

VR staff itineraries should be utilized to determine the dates selected for this observation activity.

A record of this activity shall be maintained in the District Manager's VR Staff Performance Folder. This folder is subject to Central Office review.

B. A second measure of VR staff performance and client satisfaction is accomplished by use of field audits. The manager assures that he or a designated Supervisor will review the case records of, and personally contact at least three (3) clients per month. Audits shall be distributed over all VR caseload carrying staff, and for this fiscal year shall be conducted on status 20, ready for placement, cases which appear on the exception lists. The VR staff member serving the client will not be involved in the personal contact with the client, but will receive written findings and recommendations from the audit which will be placed in the District Manager's Special Audit Folder. This folder is subject to Central Office review.

REB:RDB:cl

P-3

COMMONWEALTH OF PUERTO RICO
DEPARTMENT OF SOCIAL SERVICES
SAN JUAN, PUERTO RICO

April 24, 1981

OFFICE OF THE SECRETARY

Ms. Susan Stoddard
Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley, California 94703

Dear Ms. Stoddard:

In answer to your letter of April 6th, we are enclosing several materials used to avoid or identify cases experiencing undue delays in our VR Program.

Each counselor maintains a Master List of his/her clients, and indicates the month in which each status change is made. The Counselors' Manual mentions established maximum times in certain statuses. (See copy of Chapter 7 enclosed.)

In conducting case reviews, we use the Caseload Analysis form enclosed, to check on the distribution of cases. If the counselor has an exceptionally high percentage of cases in certain statuses, we then check to see if there have been delays, and why.

We use a modified version of the Case Review Schedule to review random samplings of case records of each counselor in each service region on a periodic basis. Central Office administrators then discuss the quality of case recording and service delivery in meetings with the counselors, supervisors and regional area staff.

We are interested in receiving a copy of your survey results.

Cordially,

Luis A. Bonilla
Assistant Secretary
Vocational Rehabilitation

Enclosure

P-3

DEPARTAMENTO DE SERVICIOS SOCIALES
Programa de Rehabilitación Vocacional
Sub Programa Obreros Lesionados
San Juan, Puerto Rico

ANALISIS DE CARGA DE CASOS (Caseload Analysis)

Oficina: _____ R.V. 101.1 Correspondiente a: _____

Casos Referidos	Núm. de Casos en el Status	Porciento en el Status	Porciento Adecuado	Diferencia
00			6.0	
02			25.2	
06			6.8	
Sub Totales			38.0	

Casos Activos	Núm. de Casos en el Status	Porciento en el Status	Porciento Adecuado	Diferencia
10-12			9.4	
14			5.5	
16			11.8	
18			18.7	
20			6.2	
22			8.0	
24			2.4	
Sub Totales			62.0	

Totales			100%	

Fecha _____ Firma _____

R-1

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Social and Rehabilitative Services
VOCATIONAL REHABILITATION
40 Fountain Street
Providence, R.I. 02903
(401) 421-7005

April 15, 1981

Susan Stoddard, Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley, CA 94703

Dear Ms. Stoddard:

The enclosed material is in response to your written request of April 6, 1981.

I have enclosed pages from a computer print-out for one caseload. Each counselor is provided with such a print-out on a monthly basis with the Supervisor receiving a set of similar print-outs of all caseloads under his jurisdiction. You will note in the first column identified as "FL" are asterisks flagging cases in status beyond allowed periods of time. I have enclosed a table of allowable periods of time for each status. Counselors are required to justify the existance of flags on a monthly basis.

Caseload monitoring is an ongoing responsibility of the agency's Program Evaluation Unit which samples cases from all regions for compliance with federal/state requirements in addition to standards set by the agency. We have recently introduced a Caseload Management Guide to all staff which is fashioned after the instrument developed by the Region I RRCEP at Assumption College in Worcester, Massachusetts. I have enclosed a copy of this guide which is, at present, only complete to status 12. We are presently completing the balance of the status requirements and standards and following their introduction, the agency will implement a Supervisory case review checklist similar to that of the Case Review Schedule of San Diego State University. At that time, Supervisors will be reviewing cases with a standard instrument while cases will continue to be monitored by the Program Evaluation Unit on a sampling basis.

I trust this information will be helpful to you.

Sincerely,

Donald S. Hesketh
Assistant Administrator
Vocational Rehabilitation

DSH:JH
Enclosure

R-1

SUBJECT: Time in status

In order to insure timely movement of cases through the rehabilitation process, the agency's Program Evaluation Unit has set the following allowable times in each status:

STATUS	ALLOWABLE TIME
00	30 days
02	3 months
06	2 months
10	3 months
12	1 month
14	12 months
16	6 months
17	24 months
18	12 months
20	2 months
22	2 months
24	3 months
32	6 months

XXXXXXXX 99XY00 South Carolina Commission For The Blind Rehabilitation Services - Case Information-Form 57

A CASE NUMBER

B LAST | FIRST | MI | STREET ADDRESS (R.F.D. OR BOX) | CITY | STATE | ZIP CODE

C SOCIAL SECURITY NO | SEX | RACE | MARITAL STATUS | DATE OF BIRTH | AGE | SOURCE OF REFERRAL | LIVING ARRANGEMENT | DEPENDENTS | IND

D DISABILITY AS REPORTED | DESCRIPTION | CODE | PREVIOUS OR MAIDEN NAME | VETERAN | DATE OF DEATH | WAGE EARNER | LAST NAME | FIRST NAME | MI | SOCIAL SECURITY

E SPECIAL PROGRAMS | PEN | MIN. HOSP | LIC. RV | REH. IN | HOME PLANS | MOD. CITY | SPL. LOAC | SPL. PROJ | COMP. TRN | FACILITIES | VIA | EVA | HEH | PROST. VISUAL | PR. CEL | SSI STA | FED. PROGRAMS | AFB | VRA | MAN | PD | VAN | SSDI ENTL | MEDIC. ENTL | | | |

F ASSIGNED RVS CASE NO. | CROSS REFERENCE CASE NUMBERS | OTHER RVS CASE | TYPE | OTHER RVS CASE | TYPE | CLIENT ID PER

G FINANCIAL RVS DATE | INCOME | ASSETS | LIABILITIES AND EXEMPTIONS | DEPENDENTS

H EXT. EVAL. DATE | PRIMARY DISABILITY | SECONDARY DISABILITY

I TITLE | IND | | |

S-1

south carolina commission for the blind

1430 CONFEDERATE AVENUE • COLUMBIA, SOUTH CAROLINA 29201
TELEPHONE 758-2595

MAXINE R BOWLES, COMMISSIONER

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April 22, 1981

Ms. Susan Stoddard, Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley, California 94703

Dear Ms. Stoddard:

This is a reply to your letter of April 6th addressed to Commissioner Bowles.

We are presently using the Oklahoma Data System to obtain the information for our R300 tapes. This System generates a "time in status report" which can be used by supervisors and counselors to identify those cases that have been in a particular status for an extended period of time. Enclosed is a copy of the input document for our data system as well as an explanation of the "time in status report".

All cases closed in statuses 08, 26, 28, and 30 are reviewed by the Area Supervisors. Enclosed is a copy of the review form. Our plans are to update this form in the near future.

Our Program Analyst who is under the direct supervision of our Commissioner does the follow-up studies as required by the federal regulations as well as periodic case reviews as he may deem necessary.

Please let me know if you need any additional information or assistance.

Sincerely,

Leonard A. Cooper

Leonard A. Cooper
Rehabilitation Supervisor

Atts.
LAC:lw
cc: Mrs. Maxine Bowles, Commissioner
Mrs. Nancy Buchanan, Deputy Comm.

5-1

SOUTH CAROLINA COMMISSION FOR THE BLIND
CASE REVIEW FORM

A. OFFICE _____ COUNSELOR _____

CASE NUMBER _____ AGE AT REFERRAL _____ SEX _____

RACE _____ EDUCATION _____

REFERRAL SOURCE _____

DATE OF REFERRAL _____

ACTIVE CASE _____ CLOSED CASE _____

STATUS _____

PRIMARY DISABILITY _____ CODE _____

SECONDARY DISABILITY _____ CODE _____

B. DIAGNOSTICS AND EVALUATION:

		YES	NO	N/A
4.2 A,B	1. Medical Diagnostics Provided			
5.7	2. Audiological Evaluation Provided			
5.5A	3. Other Specialty Examinations Provided			
	WHERE INDICATED SPECIFY: _____			
	_____			
	_____			
5.5A	4. Use of Medical Consultation Documented			
5,14-2	5. Psychological Evaluation Provided			
5.1D	6. Vocational Evaluation Provided			
3.4B	7. Diagnostic and Evaluation Findings Summarized			
4.2C	8. Disability Documented and Related to Vocational Handicap			
4.4	9. Eligibility Decision Adequately Documented and Justified			
	10. Documentation that Client was Advised of Findings			
4.3A	11. Extended Evaluation Used			
	12. EE Plan Completed			

Report Name and Number:

Time-In-Status Report CBREH228

Run Frequency:

Monthly

Distribution:

Rehabilitation Supervisor, Data Unit

Description:

This report list by status code then alphabetically by last name all cases for each counselor which have been in a certain status too long. The criteria for overtime status designation are as follows:

Status	Time Limit (In Months)
00	4
02	6
06	19
10	6
12	6
14	12
16	12
18	99 (Maximum differs with training facility code)
20	4
22	4
24	4

A recap by status is provided for each counselor and for the state.

Advantages:

This report is very helpful for efficient caseload management. The counselor, area supervisor or rehabilitation supervisor can use this as a quick guide to find slow spots in each caseload and to find cases that need to have action taken on them.

D. SERVICES (continued) YES NO N/A

APTER 14 1. Placement and Follow-up
m. Post-Employment Services
8.31 n. Occupational Licenses, Tools, Initial Stocks and Supplies, Other Goods and Services

2. a. Did Client Attend a Rehabilitation Center
Specify: _____
b. Required Information Provided to the Center Prior to Admittance
c. Periodic Progress Reports Provided by Center
d. Center Recommendations followed in this case

9.2A 3. a. All Planned Services Provided and Documented

4. a. Timely Manner According to the Time Frame Established in the IWRP

5. Employment Obtained:

a. By Client
b. By Counselor
c. Client Returned to Previous Job
d. Other - Specify: _____

_____

_____

6. Number of Contacts Made During Follow-up _____
7. Length of Follow-up _____
8. Employer Contacted During Follow-up
9. Client's Family Included in the Rehabilitation Program

E. CLOSURE

9.2 1. Reasons for Closure Documented and Justified
9.2-12E 2. Client Notified of Closure
3. Referral Source Notified of Closure
4. All Required Forms Completed
14.4 5. Post-Employment Services Planned for if indicated
6. Job Title at Closure _____
DOT Code _____
7. a. If Job Title at Closure Differs From Initial IWRP, Change is Documented and Justified

C: DEVELOPMENT OF THE IWRP:

		YES	NO	N/A
7.2	1. IWRP Completed			
7.2	2. Vocational Objective: _____ DOT CODE: _____			
7.2c	3. All Indicated Services Planned For			
7.2c	4. Services, Vendors and Costs Specified and Justified			
7.5	5. Client Responsibilities Specified			
7.5	6. Agency Responsibilities Specified			
apter 6	7. Clients Economic Needs Investigated and Documented			
7.6	8. Use of Similar Benefits and Community Resources Planned for and Documented			
7.8	9. Development of the Vocational Objective Fully Documented and Justified			
7.5	10. Client Involvement in the Planning Process Documented			
PP FORM 22K	11. Timetable for Achievement of IWRP Goals Specified			

D. SERVICES

1. Type of Services Provided:

		YES	NO	N/A
	a. Evaluation			
	b. Counseling and Guidance			
apter 8	c. Physical Restoration			
8	d. Mental Restoration			
8.6	e. Vocational Training Specify Type: _____			
	_____			
8.27	f. Maintenance			
8.2	g. Transportation			
8.34	h. Services to Family Members			
	i. Interpreter Services for the Deaf			
8.36	j. Reader Services for the Blind			
8.35	k. Telesensory, Sensory and other Technical Aids and Devices			

5-1

10. COUNSELOR COMMENTS: _____

_____

_____

_____

_____

_____

_____
REVIEWER

_____
COUNSELOR

_____
DEPARTMENT SUPERVISOR

_____
PROGRAM EVALUATOR

YES NO N/A

b. Briefly Summarize Reasons for Change:

_____

_____

_____

_____

F. OVERALL QUALITY:

1. Case Handled in Accordance with Agency Policies and Procedures
2. Contacts made on a Timely Basis
3. Contact Reports Thorough
4. All Required Documents on File
5. Documents filed in Accordance with the Uniform Filing System
6. Documentation that the Client was informed of his Rights to Administrative Review, Fair Hearing and Nondiscrimination under TITLE VI of the Civil Rights Act of 1964

8.12 7. All Vendors Providing Direct Services to the Client in Compliance with TITLE VI

8. Referral Source Kept Informed of Progress in Serving the Client
9. Comments and Recommendations for Improvements in Case Handling and Recording:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(10) Exhibit J - RSA-101 - Quarterly cumulative caseload report to RSA.

(11) Exhibit K - RSA-102 - Quarterly cumulative report on public assistance and severely disabled clients.

(12) Exhibit L - RSA-13 - Quarterly VR program progress report to RSA.

Most of the above reports are available on a Department, Division, District Office, and Counselor basis.

We hope this information will be of interest to you.

Sincerely,

Clinton H. Nielsen
Program Administrator
for Client Services

CHN/cb

Enclosures

STATE OF SOUTH DAKOTA
DEPARTMENT OF
VOCATIONAL REHABILITATION

Richard F. Kneip Building
Illinois Street
Pierre, South Dakota 57501
605-773-3195
TTY 605-773-4544

S-2

DIVISION OF
REHABILITATION SERVICES

May 1, 1981

Susan Stoddard, Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley, CA 94703

Dear Ms. Stoddard:

This is in response to your letter of April 6, 1981, relative to quality assurance and case flagging. Our Department has developed various types of computer printouts which are used for monitoring, controlling, and general caseload management as well as supervising counselors' activities. Some of the reports are noted below and xerox sample copies are enclosed.

(1) Exhibit A - Caseload Reports - Monthly report each counselor receives listing his cases and certain data on the cases.

(2) Exhibit B - Caseload Movement Report - Quarterly report of number of cases in various statuses and the number of months in that particular status. (Assists in assessing case flow and lags in processing.)

(3) Exhibit C - Caseload Summary - Quarterly report showing cases by status and percent of severely disabled by district office.

(4) Exhibit D - Authorization Status Report - Monthly report of authorizations, expenditures, and balance for each counselor's caseload.

(5) Exhibit E - Production Report - Quarterly production and caseload report by district office with breakdown of severely disabled, SSI, SSDI, and Section 110 funding.

(6) Exhibit F - Current Status by Referral Report - Annual report showing referral source and outcome or progress on the VR processing system.

(7) Exhibit G - Annual Review List - Yearly report for each counselor showing cases diaried or flagged for annual review because of ineligibility determinations.

(8) Exhibit H - SSA-853 Report - Monthly agency report to Social Security Administration on SSDI and SSI closures.

(9) Exhibit I - RSA-100 - Monthly production report to RSA.

STATUS	LENGTH
00	120 days or more
02	120 " " "
06	540 " " "
10	182 " " "
12	91 " " "
16	630 " " "
18	1,825 " " "
20	122 " " "
22	91 " " "
24	182 " " "

To help insure cases in Extended Evaluation do not remain longer than the permissible 18 months, a print-out identifies cases that have been in Extended Evaluation for 17 months.

To help determine the appropriateness of client expenditures, we have a review of expenditures at certain expenditure levels by supervisory staff. A quarterly Encumbrance Report print-out provides information for this review. The first line supervisor approves cases at the $5,000 expenditure level; the regional director at the $10,000 level, and the state office field service section at the $25,000 expenditure level.

We hope this material and information will be of benefit in your project. Please let me know if you have questions or if we can provide additional information.

Sincerely,

Jack Van Hooser

Jack Van Hooser
Director of Client Services

JVH/bf

Attachments

T-1

STATE OF TENNESSEE
DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION
1808 WEST END, ROOM 1400
NASHVILLE, TENNESSEE 37203

May 5, 1981

Ms. Susan Stoddard
Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley, California 94703

Dear Ms. Stoddard:

Mr. O. E. Reece requested that I respond to your request for information concerning quality assurance and case flagging. We are pleased to provide this information for your review.

We have a Quality Assurance System for the purpose of establishing appropriate standards, monitoring program activities on a regular basis, assessing activities, and implementing program changes. Attached, please find a copy of our Agency manual section regarding Quality Assurance.

Each quarter quality assurance assignments are made to the agency's first line supervisory staff on subject areas felt to be in need of study. This manual section includes the forms used to report the review findings. The attached Case Review Forms are used for conducting the reviews for both the counselor casework and the facility casework (TVTC Quality Assurance). A Key to Summary Rating Form for the Case Review Form is also attached.

To reduce potential case management problems that may develop due to cases remaining for long periods of time in certain statuses, we have a quarterly print-out of exception cases. The Exception List identifies by counseling district those cases that have been in a status longer than permitted by policy (Federal or State). Cases in the following statuses longer than indicated would appear on the Exception List for supervisory staff and/or counselors to take appropriate action:

DIVISION OF VOCATIONAL REHABILITATION
TVTC QUALITY ASSURANCE
CASE REVIEW SUMMARY REPORT QA-2

Case Reviewed by _____ Date of Report _____ District _____

Strongest Points Found in Review _____

Weakest Points Found in Review _____

Action Needed to Correct Weaknesses _____

Status at Review

Key

4. Excellent
3. Good
2. Acceptable
1. Poor
0. Unacceptable
NA. Not Applicable

	Clients																Average For Review
I. Intake Information																	
II. Vocational Appraisal																	
III. Adjustment Services																	
IV. Provision of Services																	
V. Placement and Follow-up																	
Overall Rating																	
Corrective Action Indicated: Date																	
Corrective Action Completed: Date																	

cc: Regional Director and Central Office

DIVISION OF VOCATIONAL REHABILITATION
QUALITY ASSURANCE CASE REVIEW SUMMARY REPORT

T-1

QA-1

strict _____ Reviewed by _____ Date of Report _____

Key
4. Excellent
3. Good
2. Acceptable
1. Poor
0 Unacceptable
NA. Not Applicable

	Clients					Average
STATUS AT REVIEW						
I. Referral and Investigation						
II. Determination of Eligibility						
III. Planning						
IV. Economic Need						
V. Similar Benefits						
VI. Special Programs						
VII. Counseling and Guidance Services						
VIII. Physical Restoration Services						
IX. Training Services						
X. Maintenance						
XI. Transportation						
XII. Counselor Supervision of Case						
XIII. Case Recording						
XIV. Placement, Follow-up and Closure						
Rating Average (Nearest 10th)						
APPROVAL OBTAINED: YES OR NO OR NA						
Case in Status 00-02 over 120 days (S)						
Provision of Physical and Mental Restoration (S)						
Out-of-State Training (S)						
Case Encumbrance Exceeds $5,000 (S)						
SSI/SSDI Case Status 12-24 Not Assigned (S)						
Case Closure (S)						
Exception to Economic Need (RD)						
College case requiring maintenance beyond 4 years and tuition past the undergraduate level (RD)						
Case Encumbrance Exceeds $10,000 (RD)						
Out-of-State Physical Restoration (CO)						
Case Encumbrance Exceeds $25,000 (CO)						
Was there any evidence of discrimination based on Race, Sex or Handicap Yes or No						
Corrective action needed by Date						
Date corrective action completed						

Key to Summary Rating

4. Excellent
3. Good
2. Acceptable
1. Poor
0 Unacceptable
NA. Not Applicable

STATE OF TENNESSEE
DIVISION OF VOCATIONAL REHABILITATION
QUALITY ASSURANCE
CASE REVIEW FORM

Client Name _____ Status _____

District _____ Reviewed by _____ Date _____

I. Referral and Investigation

R-2 Completed Adequately Yes__No__NA__
Counselor's Page Adequate Yes__No__NA__
Was Psychological Testing Administered Yes__No__NA__
Vocational Evaluation Provided Yes__No__NA__
Problems Adequately Identified and Investigated Yes__No__NA__
If no, why _____
Diagnostic Information Obtained Without Cost Yes__No__NA__
Was 08 Closure Justified Yes__No__NA__
If no, explain in "Remarks"

Summary Rating 0 1 2 3 4

****

II. Determination of Eligibility

General Medical Adequate Yes__No__
If no, explain _____
Speciality Examination(s) Adequate Yes__No__NA__
If no, explain _____
Case Data Clearly Establish Vocational Handicap Yes__No__
If no, explain in "Remarks"
Was Case Properly Identified as SD or NSD Yes__No__
Disability _____

Summary Rating 0 1 2 3 4 NA

****

III. Planning

Was there Evidence that Client and Counselor Planned Program Together Yes__No__
Were Appropriate Services Planned to Meet Client's Needs Yes__No__
Was Program Objective Realistic Yes__No__
Program Objective _____

Summary Rating 0 1 2 3 4 NA

****

IV. Economic Need

Were Services Based on Need Yes__No__
Is the Determination of Economic Need Adequate Yes__No__
New TVR-12 Obtained as Needed Yes__No__NA__.

Summary Rating 0 1 2 3 4 NA

****

V. Similar Benefits

Was there evidence that similar benefits were considered Yes__No__
Were available similar benefits used Yes__No__NA
Were similar benefits used appropriately Yes__No__NA__

Summary Rating 0 1 2 3 4 NA

****

VI. Special Programs

Allowed SSDI _____ SSI _____ NA _____
Was Special Funding Used Yes__No__NA__
Was Case Properly Documented Yes__No__NA__
If no, explain in "Remarks"

Summary Rating 0 1 2 3 4 NA

****

Sample Form QA-5

WEEKLY ENCUMBRANCE REPORT CHECKLIST

REPORT DATE	DATE REVIEWED	SECRETARY	SUPERVISOR

XIV. Placement, Follow-up and Closure(St . 22,26)

Was there Evidence that Counselor Assisted Client in Placement Yes__No__NA__
Occupation _____
Weekly Wages _____
Is Employment Satisfactory Yes__No__
Did VR Services Contribute to the Individual's Placement Yes__No__
Were Placement tools and equipment Provided Yes__No__
If yes, was provision of this service justified Yes__No__NA__
Case Followed 60 Days in Employment Yes__No__NA__
Client Notified their Case was being closed Yes__No__NA__
Referral Source Notified of Closure Yes__No__NA__

Summary Rating 0 1 2 3 4 NA

****

Was there any evidence of discrimination based on Race, Sex or Handicap Yes__No__
If yes, explain on back

Appropriate Approval Obtained

Case in Status 00-02 over 120 days (S) Yes__No__NA__
Provision of Physical Restoration (S) Yes__No__NA__
Out-of-State Training (S) Yes__No__NA__
Case Encumbrance Exceeds $5,000 (S) Yes__No__NA__
SSI/SSDI Case Status 12-24 Not Assigned (S) Yes__No__NA__
Case Closure (S) Yes__No__NA__
Exception to economic need (RD) Yes__No__NA__
College Case requiring maintenance beyond 4 years and tuition past the undergraduate level (RD) Yes__No__NA__
Case Encumbrance Exceeds $10,000 (RD) Yes__No__NA__
Out-of-State Physical Restoration (CO) Yes__No__NA__
Case Encumbrance Exceeds $25,000 (CO) Yes__No__NA__

****

The following corrective action needed: _____

_____

_____

_____

_____ By Date _____

Corrective Action has been completed _____ Date _____
supervisor's signature

Remarks: _____

_____

_____

_____

_____

T-1

VII. Counseling and Guidance (Status 14)

Was Counseling and Guidance (Status 14) provided Yes__ No__
Were Specific Problems and/or Counseling Goals Identified Yes__ No__
Was evidence of counseling recorded Yes__ No__
Did Counseling and Guidance Contribute to Vocational Adjustment of Client Yes__ No__

Summary Rating 0 1 2 3 4 NA

****

VIII. Physical or Mental Restoration (Status 16)

Was Physical or Mental Restoration Provided Yes__ No__
R5-8 Completed Properly Yes__ No__ NA__
Authorizations Conform to Fee Structure Yes__ No__ NA__
Were Progress Reports Obtained Yes__ No__ NA__
Did PR Services Contribute to the Vocational Adjustment of Client Yes__ No__

Summary Rating 0 1 2 3 4 NA

****

IX. Training (Status 18)

Was Training Provided Yes__ No__
Type _____

Tuition Fees Conform to Agency Policy Yes__ No__ NA__
Training Progress Reports Obtained Regularly Yes__ No__
Were tools, equipment, books or supplies provided Yes__ No__
If yes, were provision of these services justified Yes__ No__
Did Training Services Contribute to the Vocational Adjustment of Client Yes__ No__

Summary Rating 0 1 2 3 4 NA

****

X. Maintenance

Was Maintenance Provided Yes__ No__
Was Need for Maintenance Documented Yes__ No__
Was Maintenance Provided Adequate to Meet Clients Needs Yes__ No__
Was Amount of Maintenance Excessive Yes__ No__

Summary Rating 0 1 2 3 4 NA

****

XI. Transportation

Was Transportation Provided Yes__ No__
Was Need for Transportation Documented Yes__ No__
Was Transportation Provided Adequate to Meet Client's Needs Yes__ No__
Was Amount Allowed for Transportation Excessive Yes__ No__

Summary Rating 0 1 2 3 4 NA

****

XII. Counselor Supervision of Case

Case Moved Through Status Without Undue Delay Yes__ No__
Were Proper Statuses Used Yes__ No__
If no, explain _____
Was Monthly Contact Made Yes__ No__ NA__
Was Quarterly Contact Made Yes__ No__ NA__
Is Case File Arranged as Per Policy Yes__ No__

Summary Rating 0 1 2 3 4 NA

****

XIII. Case Recording

Were other VR Agency Forms Properly Completed Yes__ No__
If no, which one _____
Is IWRP Completed Adequately Yes__ No__ NA__
If no, explain _____
Does Case Recording Clearly Document Pertinent Facts and Justify Services Yes__ No__

Summary Rating 0 1 2 3 4 NA

****

07/01/80

T2

Texas Rehabilitation Commission

VERNON M. ARRELL, COMMISSIONER

April 30, 1981

BOARD MEMBERS

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Ms. Susan Stoddard
Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley, California 94703

Dear Ms. Stoddard:

We are pleased to forward an assortment of materials utilized by the Texas Rehabilitation Commission for quality assurance and the avoidance of undue delay in the provision of rehabilitation services to clients.

"Quality assurance" and "undue delay" are such nebulous terms that they are not addressed directly by our basic Rehabilitation Services Manual. However, a whole body of practices and procedures has emerged in the 12 years since TRC became a separate agency which are intended to address both quality and non-delay of service delivery.

The basic responsibility for case management and non-delay is assigned the individual VR counselor (Atch. 1). The unit supervisor, Region program officer, and Regional Director aid, direct, and monitor the counselors in the performance of their duties (Atchs. 2, 3, and 4). One individual (supervisor) and one Central Office unit (Program Audit) have recurring responsibilities for formal inspection of counselor work (Atchs. 5 and 6). A staff of Program Specialists, experienced in a variety of the disabilities, provides direct support, guidance, and assistance to the counselors (Atch. 7) while at the same time observing the quality of casework and any delays which may have occurred.

The Information Services Division at the Central Office produces a series of printouts for management at all levels, each designed to enhance the quality of services and to avoid delay. These documents include the Client Master List (Atch. 8), the Time-In-Status Report (Atch. 9), the Attention List (Atch. 10), the Supervisor's Composite Report (Atch. 11), and (for Program Audit only) a list of Clients With Date of Referral Over 60 Months Old (Atch 12). Sample pages from each of these documents are attached, with client identifying data removed. Information Services also has an extensive edit system (556 items) which prevents the computer from accepting Client Master Files of Changes or Requisitions (purchase orders) with erroneous input data, as per the enclosed sample pages (Atchs. 13 and 14).

101

Key to Summary Rating

1. Excellent
2. Good
3. Acceptable
4. Poor
5. Unacceptable
NA. Not Applicable

STATE OF TENNESSEE
DIVISION OF VOCATIONAL REHABILITATION
TVTC QUALITY ASSURANCE
CASE REVIEW FORM

Client Name _____ Referring Counselor _____ Status ____

Training Center _____ Reviewed by _____ Date _____

I. Intake Information

Counselor's Page Yes__ No__
R-2 Completed Yes__ No__
General Medical Yes__ No__
Specialist Examinations Yes__ No__ NA__

Summary Rating 1. 2. 3. 4. 5. NA

****

II. Vocational Appraisal

Plan of Evaluation Developed Yes__ No__ NA__
Appropriate tests Administered Yes__ No__
Client problems identified Yes__ No__
Client interests considered Yes__ No__
Program manager designated Yes__ No__
All documents signed Yes__ No__
Evaluation summary in file Yes__ No__
Job tryouts used Yes__ No__
In Center Yes__ No__
In Community Yes__ No__

Summary Rating 1. 2. 3. 4. 5. NA

****

III. Adjustment Services

Plan of adjustment indicated Yes__ No__ NA__
Plan of adjustment developed Yes__ No__
Problems discussed with client Yes__ No__
Were identified services provided Yes__ No__
Program manager designated Yes__ No__
All documents signed Yes__ No__
Timely progress reports sent to counselor Yes__ No__
Are quarterly R-11's in file Yes__ No__

Summary Rating 1. 2. 3. 4. 5. NA

****

IV. Provision of Services

Justification for services in file Yes__ No__
Evidence of community resources solicited as needed Yes__ No__
Proper use of statuses Yes__ No__
Completion of agency forms adequate Yes__ No__
Does case recording clearly document services provided by center Yes__ No__
Case folder arrangement adequate Yes__ No__

Summary Rating 1. 2. 3. 4. 5. NA.

****

Complete only on closed cases

V. Placement and Follow-up

Closed rehabilitated Yes__ No__
If no, give reason _____

Was there evidence center staff assisted client in placement Yes__ No__ NA__
Employment at closure _____
Weekly wages at time closed _____ NA__
Evidence center services contributed to rehabilitation closure Yes__ No__ NA__
Evidence client contacted followed 60 days employment Yes__ No__
Discharge summary signed by supervisor Yes__ No__
Justification for sheltered closure Yes__ No__ NA__
Sheltered client program reviewed annually Yes__ No__ NA__

Summary Rating 1. 2. 3. 4. 5. NA

****

The most formal of all reports are produced by Program Audit which in the 12 months ending October 31, 1980, had examined 4,675 cases, nearly 5 percent of the total clients served in FY 80 (100,254). The entire audit of a caseload is directed at quality of services with particular attention devoted to possible undue delay through examination of any large numbers (34 percent of caseload, or above) of cases in applicant status; all cases in status beyond 12 months, and all active cases 60 months or more since referral.

So, as you can see, the provision of quality services to clients and the avoidance of undue delay are matters being attended to by various individuals and groups of individuals within the management chain and not entrusted to any single individual or single group.

I hope the materials enclosed will be helpful to you in your project. We hope also that the final product of Berkeley Planning Associates will result in an improved, uniform method for all rehabilitation agencies to utilize in the pursuit of quality VR services.

Sincerely,

Vernon M. Arrell

Vernon M. Arrell
Commissioner

VMA:EJF:sm

Attachments: 1 thru 14

Corrected Copy

program audit

TEXAS
REHABILITATION
COMMISSION

T2

introduction

The Program Audit Division is assigned to the Office of the Commissioner. The Division Head receives instruction from and reports directly to the Commissioner. At this writing, the division is comprised of a Director, [redacted] FOUR AUDITORS, and a secretarial support section of [redacted] members. The audit teams are responsible for program audit activities at all agency locations throughout the state of Texas.

Audit team members are selected on the basis of fact-finding and analytical ability, report writing skill, plus demonstrated characteristics of maturity and objectivity. While sometimes beneficial, counselor experience is not an essential prerequisite. However, former counselors have been assigned to the division in the past, are presently, and it is anticipated there will be counselor representation in the future.

In the conduct of their work, program auditors are guided by the fact that they are performing a staff function. It is, therefore, inappropriate for them to make decisions or issue directives concerning the administration or operation of any program.

The purpose of this publication is to acquaint all personnel with the function and scope of Program Audit. It is not intended to describe detailed methodology, but rather to set forth in general terms a description of the activities which will be observed by field personnel.

Although the procedures and forms referenced in this pamphlet may experience minor changes in the future, it is anticipated that the basic audit philosophy expressed herein will remain relatively constant thereby negating the necessity for changes or revision.

3

program audit division activities

The Program Audit Division has the responsibility to engage in at least eight distinctive types of audit.

1. Routine Audits

   These are customary, regularly scheduled examinations of the administrative and operational activities of any TRC office designed to measure quality and effectiveness in the delivery of TRC services. The focus of attention in these audits is the record established in individual client case folders.

2. Special Audits

   These are nonscheduled, irregular audits of any TRC activity, usually requested by someone with line authority, to determine facts relative to a given problem or area of concern. The activity of the audit team may vary, depending on the exact nature of the audit, but usually includes an extensive examination of case folders and other agency records.

3. Facility Audit

   These are unscheduled examinations of state and private facilities serving TRC clients, accomplished on request, for the purpose of determining quality of services.

4. Special Investigations

   These are also unscheduled, special inquiries accomplished on request to determine the facts concerning any legitimate TRC interest or matters relating to internal affairs.

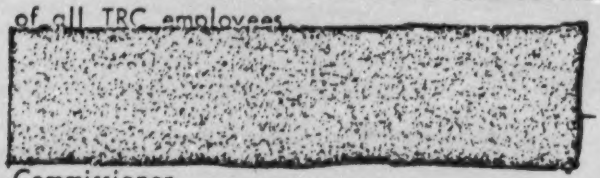
foreword

It is our conviction that the best way to insure quality services to the handicapped citizens of our state is to have agency policy clearly set forth in manuals designed for use by those who have responsibility for the delivery of rehabilitation services. We seek constantly to improve our systems by continuously soliciting suggestions from those persons affected by, and responsible for, implementing existing policy. We test the effectiveness of our methods by frequent and various examinations.

Program Audit is a staff function designed to insure that published policy is being carried out. Audit activity is accomplished by means of case folder and ancillary records examination which tests the integrity of the record and the conduct of affairs within the Commission. Audits are carried out on a random basis as well as upon request by supervisory personnel in special instances. All Program Audit work is reflected in formal reports which provide a basis for evaluation of the manner in which our personnel are performing their duties and which enable supervisory personnel to pursue such courses of action as are indicated and appropriate.

Program Audit represents but one aspect of the on-going effort to provide continuing statewide studies and program evaluation. Other agency divisions regularly involved in this shared responsibility are the Research and Statistics Division, Internal Audit Division, Planning and Technical Programs Division, Facilities Division, the Program Specialist Staff, and individuals with management responsibilities at all levels. In combination, input from all these departments enable me to monitor and judge the well-being of the Commission.

All personnel are encouraged to view Program Audit as a supportive activity which, when properly heeded, leads to higher efficiency, greater professionalism, and improved service to our clients -- which should be the constant goal of all TRC employees.



CRELL,
Commissioner
Texas Rehabilitation Commission

by a purely random method. The regular sample size consists of ten active cases, although a greater number may be chosen under special circumstances. The sampling method does not preclude the selection of cases which also appear with one or more asterisks on the Attention List, but it is to be emphasized that such cases appear as a result of the "luck of the draw" and not because they were especially chosen.

An examination is made of the travel vouchers submitted by the counselor controlling the caseloads to be audited for the purpose of identifying those clients whom the counselor contacted. The case folders of those identified are later called for at the District Office to determine if the required corresponding entry has been made in the client case folder.

The various data collection instruments employed by the audit team are assembled and the team is prepared to depart for the field.

7

DISTRIBUTION OF ACTIVE CASES INDICATING BALANCE

(SUPVR - VRC)

Ref: Time-In-Status Report _____

_____

Legend:

_____ Current Balance

---------- Ideal Balance 1/

1/ The balances reflected hereon are not to be considered rigid and may vary by type of caseload and time of year.

PAA-1
Revised 9-1-77

5. Surveys

These are irregular on-site, wide-ranging studies undertaken to determine adherence to standards or policy, and program effectiveness, e.g., post-closure surveys of self-employment enterprises, Status 26 closures, etc.

6. Field Administrative Services Audits

Audit of Field Administrative Services activity is ordinarily an integral part of routine audits, but may occur as a separate function to satisfy a particular need or in circumstances where a routine audit is inappropriate, e.g., at Regional Offices.

7. Civil Rights Audits

Civil Rights matters are also normally included as part of a routine audit. However, special independent audits may be necessary to respond to specific complaints or circumstances relative to Equal Opportunity or matters of alleged discriminatory practices on the part of private vendors or TRC employees.

8. Analyses

Periodically, the various Central Office originated computer printouts are examined and analyzed for the purpose of acquiring statistically significant data which may identify problem areas where improvement is possible and necessary, e.g., Analyses of the Supervisors' Composite Report/Attention List.

5

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pre-audit activity

The remarks in this section relate primarily to routine audits, however, similar activity will precede any of the various other audits.

Whether internally scheduled or requested by competent authority, certain preliminary information is assembled by the audit team prior to departure for the field. Through examination of the Time-In-Status Report, the balance in the individual caseloads to be audited is established (p.9). No particular significance is attached to the findings due to the great variety existing between the various general and special programs. However, extreme out-of-balance conditions in any of the Pre-Service, In-Service, or Post-Service areas may be indicative of existing or developing problems and may govern the direction the audit team takes in the audit.

The Time-In-Status Report also serves to identify the statuses in which the cases in the caseload are distributed (p.8) and the number of cases that have remained in-status over six and twelve months. This distribution determines, for the most part, the number of cases to be selected for audit from among the various statuses. The selection would not necessarily conform to the distribution if, for example, an extraordinarily high percentage of cases were found in Statuses 00 and 02. The best evidence of the nature of the casework is to be found in cases that have advanced beyond these statuses. However, if the condition described above is encountered, a separate examination of the Status 00 and 02 cases could be undertaken to determine the reason(s) for the condition.

Once the number of cases to be examined in the statuses indicated by the distribution has been determined, the actual cases to be audited are selected

used for each case audited and succinct entries are made of any observed deficiency in the space opposite the numbered items. The numbered spaces at the bottom of the PAB-4a are left blank in order to allow identification of additional areas of interest not contemplated in the regular course of the audit.

In addition to extracting and documenting pertinent data, considerable copying of casefolder material may be anticipated. No particular significance should be attached to this activity. Some documents may be copied to add to the store of similar documents being collected as part of a separate, on-going survey or analysis of an entirely different nature. Others are copied for their own particular significance. All copied documents or pages are considered back-up material which reduces the necessity to rely upon memory and may provide the base for subsequent discussions with program managers at various levels.

The ten most recently closed cases in Status 08 will be examined to determine that case folder contents support the decision to close the case and that the individuals have been notified in writing of their appeal rights, where applicable (Status 02 to Status 08).

Fifteen of the most recently closed cases in Status 26 will be called for and closure information will be extracted for follow-up by the audit team. Normally, only the results of ten cases will be reported. The additional five cases in the sample serve as alternate cases in the event difficulty is encountered during the

PROGRAM AUDIT CASE REVIEW FORM

Supervisor: _____ Case No. _____

Counselor: _____ Client Name _____

Auditor: _____ Client No. _____

Date of Review: _____ Status/Date: _____

ITEM	RSM Reference	COMMENTS
1. Application	18-2	
2. Diagnostics	02-3	
3. Disability Code	18-4	
4. SSI/SSDI Coding	06-2, 06-3	
5. Use of Medical Consultant	02-3, 08-5	
6. Eligibility	02-4, 02-5	
7. Eligibility Certificate	02-5	
8. Documentation Emp. Handicap	02-5	
9. IWRP	06-4	
10. Vocational Assessment	02-3	
11. Vocational Objective	06-4	
12. Acquisition of Economic Data	06-1	
13. Justification of Economic Need	06-1	
14. Maintenance	08-6	
15. Similar Benefits	06-4, 08-2	
16. Status	18-4	
17. Client Contact	02-2	
18. Counseling and Guidance	02-2, 08-1	
19. Progress Reports	08-2	
20. Placement	12-1	
21. Supervisory Approval	x1, x11	
22. Corrective Action	10-6	
23. Post-Employment Service	14-2	
24. Recovery of Tools/Equip.	08-6	
25.		
26.		
27.		
28.		
29.		
30.		

PAB -4a (Revised 9-1-77)

CASE FLOW

Reference_____

Supervisor_____ No.____ VRC_____ No.____

CATEGORY	STATUS	STATUS TOTALS	OVER 6 MONTHS	OVER 12 MONTHS	% OVER 12 MONTHS
A. PRE-SERVICE Applied	02				
Extended Eval.	06			OVER 18 MONTHS	
Planning	10				
Plan Completed	12				
CATEGORY TOTAL					
B. IN-SERVICE Counseling and Guidance	14				
Physical/Mental Restoration	16				
Training	18				
CATEGORY TOTAL					
C. POST-SERVICE Ready for Work	20				
Working	22				
Services Interrupted	24				
CATEGORY TOTAL					
TOTAL CASELOAD			PERCENT RECEIVING SERVICES		%

PAA-2 Revised 9-1-77

the audit procedure

In keeping with accepted, traditional audit practices, visits by the Program Audit team are unannounced. This is not done for any ulterior motive to surprise or embarrass the unit or individual staff, but rather to arrive and be able to examine records and case folders in the condition they would exist on any given day. In fact, audit teams are instructed to make discreet inquiry before selecting a caseload for audit to determine if there are any legitimate reasons why it should not be audited at that time.

Upon arrival at a District Office, the Audit Team Chief informs the Regional Director of the team's presence at the location and asks if the Regional Director has any special interest area he would like the team to examine. As soon as practicable after arrival, the team meets with the Unit Supervisor and the counselors whose caseloads are to be audited, as a minimum. Other staff are invited to attend, if they have an interest and if their duties permit. The purpose of the meeting is to acquaint, or reacquaint, the team with the staff, to describe briefly the nature of their planned activity, to reduce insofar as possible the natural apprehension attending an audit, and to establish a comfortable, harmonious working relationship for the duration of their visit.

Once a work area has been established for the review team, each member will normally request the ten-case, pre-selected sample from one of the caseloads to be examined. Auditors are not bound to this procedure, but it is the logical starting place most frequently used. The number of caseloads to be examined will vary according to the size of the unit. Normally two caseloads will be audited in a smaller unit and four or more in a larger unit. Several data collection instruments are used in the audit process. An important form is the PAB-4a (p.12). A separate form is

the audit report

Once the information has been gathered the audit team begins immediately to prepare the audit report. The elapsed time from the start of an audit until the report is distributed ranges from approximately three weeks for a two-caseload audit to six weeks for a four-caseload audit.

The Division Chief and the audit team MAY conduct a critique of their findings with the Regional Director before the report is finalized. This allows the Regional Director to contribute any special information or knowledge he possesses that might have a bearing on the findings.

Departures from agency policy are identified in a List of Exceptions preceding the Table of Contents in the report. Regional Directors are required to respond to the exceptions within 45 days after receipt of the report.

The audit report is a combination of narrative and graphic presentation of the audit team findings. As previously indicated the balance and distributions of cases within the audited caseloads are indicated by completed PAA-1 and -2 forms. Departures from agency policy within audited caseloads are shown on a completed PAB-4, Profile of Case Deficiencies (p.17). The presence of three or more entries on the horizontal plane is considered to constitute an undesirable trend. A short narrative description of each deficiency reflected on the profile is included in the report.

FOUR COPIES [redacted] of the report ARE distributed to the Regional Director. Reports are constructed in such a manner that all information pertaining to a specific caseload is contained in one section, allowing convenient reproduction and sharing of the contents with the counselor involved.

Copies of audit reports are also distributed to the Commissioner, the Deputy Commissioners, the Assistant Deputy Commissioners and other interested Central Office staff who may be able to identify causes and implement corrective actions for deficiencies or weaknesses reflected in audit reports. A master copy of the audit report is retained permanently in the Program Audit files. Back-up material is retained for a minimum of six months or until litigation is final in those instances involving civil or criminal matters.

The Program Audit Division is particularly alert to identify and report exemplary casework to the Commissioner. Official recognition of quality service to TRC clients from the Commissioner to the responsible counselor can be anticipated and such recognition serves to enhance the development and career progression of the individual involved.

follow-up process. Contact is established with the client and/or the employer to determine that the conditions of employment set forth on the Closure Contact Report (TRC-418) are accurate; that the client was employed on the date of closure, and was employed for the required minimum period. The audit team will normally respect the counselor's restriction if there are compelling reasons why a client's employer should not be contacted and those reasons have been documented on the TRC-418. However, under certain circumstances, such as wholesale, poorly documented restrictions, the audit team may make discreet inquiries in a manner that will not compromise the client for the purpose of verifying closure information.

From time to time additional ten-case samples will be obtained of cases closed in Statuses 28 and 30.

Copies of client services requisitions issued since the beginning of the fiscal year or within the last six months, whichever period is greater, are examined to determine that none are missing; that supervisory approval has been obtained for those back-dated over ten days; to discern payments in excess of the Maximum Affordable Payment Schedule (MAPS), and to identify any unusual or exceptional trends or patterns of expenditure.

[redacted]

A cursory examination is made of all cases in the District Office that have remained open in excess of five years for the purpose of determining that continued services are justified and that reasonable progress is being made in the rehabilitation process.

[redacted]

An after hours security check is accomplished to ascertain if appropriate care is being taken to safeguard the confidentiality of client information and that TRC property and supplies are secure in the absence of TRC employees.

Selected areas of interest relative to personnel, purchasing and supply, and staff services are examined based on a checklist provided and kept up-dated by the Assistant Commissioner for Field Administrative Services and the appropriate department heads.

Unit personnel are tested regarding their knowledge of Civil Rights, and unit files are examined to determine the scope and extent of activity related to Civil Rights/ Equal Opportunity training, recruitment, staffing, etc. The responsibilities of Program Audit in monitoring these activities are more fully described in the TRC Civil Rights Manual.

Supervisory Case Service Reviews accomplished by the Supervisor in the last two full calendar quarters are examined to determine the adequacy of review, method of control, promptness of counselor corrective action and the Supervisor's system of follow-up. Patterns of recurring deficiencies are identified, where they exist.

Structured interviews are conducted, as a minimum, with the unit supervisor and the counselors whose caseloads have been audited to permit the opportunity for their input. Other personnel may be interviewed if they indicate a desire or as may be appropriate to the circumstances.

Depending on the number of caseloads being audited and the conditions encountered, the audit team may be required to return to the office for a second visit. There may or may not be an interval between visits. If there is an interval, that time will be used by the audit team to analyze their findings thus far, to begin drafting a report and to determine what remains to be done on their return to the office.

T3

State Commission For The Blind

400 STOKES BUILDING, 314 WEST 11TH STREET, POST OFFICE BOX 12866, AUSTIN, TEXAS 78711

EVANS N. WINTZ, Executive Director

WILLIAM C. CONNER, Chairman

May 29, 1981

Ms. Susan Stoddard
Berkeley Planning Associates
3200 Adeline Street
Berkeley, California 94703

Dear Ms. Stoddard:

This letter is in response to yours of April 6, 1981 concerning our agency's use of case flagging and quality assurance techniques. The following is an item-by-item breakdown of the tools and techniques we currently use in monitoring case movement and potential undue delay:

- Case Flagging
  We do not have a computerized case flagging procedure at this time. The tools we use are as follows:

  - Time In Status Report (attachment #1).
    We teach our supervisors and counselors to draw a line as shown on the attachment. Cases appearing outside of this line require explanation. This is not to say that a case outside of the line is necessarily being mishandled, but it does require the counselor and supervisor to discuss why the case has been in status so long.

  - Masterlist (attachment #2).
    This is used in conjunction with the time in status report. The information available is generally well known and self explanatory.

  - Area Supervisor Case Reviews.
    They are required to review a minimum number of cases a month to assure both technical and service delivery quality.

  - Management Review Team.
    A team of rehabilitation supervisors who, on a periodic basis, review cases in a region of the state to assist in assuring quality control.

PROFILE OF CASE DEFICIENCIES

Supervisor/Counselor _____

Deficiency re

		Case Number									
	RSH Reference	1	2	3	4	5	6	7	8	9	10
1. Application	18-2										
2. Diagnostics	02-3										
3. Disability Code	18-4										
4. SSI/SSDI Coding	06-2, 06-3										
5. Use of Medical Consultant	02-3, 06-5										
6. Eligibility	02-4, 02-5										
7. Eligibility Certificate	02-5										
8. Documentation Emp. Handicap	02-5										
9. IWRP	06-4										
10. Vocational Assessment	02-3										
11. Vocational Objective	06-4										
12. Acquisition of Economic Data	06-1										
13. Justification of Economic Need	06-1										
14. Maintenance	08-3										
15. Similar Benefits	06-4, 08-2										
16. Status	18-4										
17. Client Contact	02-2										
18. Counseling and Guidance	02-2, 08-1										
19. Progress Reports	08-2										
20. Placement	12-1										
21. Supervisory Approval	x1, x11										
22. Corrective Action	18-6										
23. Post-Employment Service	14-2										
24. Recovery of Tools/Equip.	08-6										
25.											
26.											
27.											
28.											
29.											
30.											
31.											

PAB-4 (Revised 9-1-77)

17

utilization of audit reports

As with any audit or inspection report, its value lies in the use to which it is put. While the Program Audit Division has no authority or control over the uses of the reports it produces, it is anticipated that where weaknesses are identified positive action will be initiated to correct the condition and prevent recurrence through training, staff development, or other appropriate means. And, where strengths are identified, the report can be utilized to encourage continued quality performance.

T3

- Caseload Inventory. (attachment #9)
  A reference document that shows the make-up of a caseload by disability group and status.

- Rules Of Thumb:
  - A contact with any case at least every 90 days
  - 30% or less of the caseload in statuses 00 and 02.

The agency is in the process of converting to its own computer and this move will expand its capabilities to more efficiently monitor caseload management.

Also attached is a copy of the participative Management-By-Objective system that we use with VR Counselors and Supervisors. This material is somewhat dated but it gives the basics of the results-oriented system that we use. (attachment #10)

If you need more material or explanation, please do not hesitate to call on us.

Sincerely,

Terrell I. Murphy

Terrell I. Murphy
Supervisor
VR Field Services

TM/csm
Attachments

- Quality Assurance
  Many of the items mentioned above, and:

  - Quality Assurance Training.
    Our Area Supervisors received the J.W.K. Program in 1979 to heighten agency awareness.

  - Federal Case Review Schedule.
    All supervisors are trained in the use of the Case Review Schedule (formerly San Diego Case Review Schedule)

  - The Program Evaluation Unit.
    This unit is constantly doing studies to assess the quality of our service delivery division. The last five study topics were:

    - Study of Utilization of Similar Benefits
    - Study of Variables that Impact on Employment and Income of Legally and Totally Blind Rehabilitants
    - Study of the Use of Personal Skills by Blind Persons
    - Study of the Use of Low Vision Services and Facilities
    - Study of Counselor Responses to Medical Abnormalities

  - Chapters 2 (The V.R. Process) and 18 (Standards for Service Delivery and Case Recording) (attachment #3).
    These two chapters speak to the issues of proper process. Our entire V.R. Manual has been redone in the last year-and-a-half using the Information Mapping style shown in these two chapters and our staff find it very easy to read.

  - Supervisors Composite Report (attachment #4).
    This report shows key case flow data for an entire area to help monitor trends that will help the supervisor know what area(s) to emphasize with staff in general.

  - Supervisors Cumulative Report (attachment #5).
    This gives the supervisor key data about the various caseloads in an area allowing for more detailed analysis begun with the preceding form.

  - Monthly Case Service Expenditure Report (attachment #6).
    This allows the supervisor to easily see exactly where a VRC is spending money in any given month and on which clients.

  - Case Services Cumulative Expenditure Report (attachment #7).
    This enables the supervisor to readily see the major items on which each counselor in the area is spending during the year and gives an areawide total.

  - 26 Closure Report (attachment #8).
    With this, the supervisor and counselor can, on a monthly basis, assess the types of closures on a caseload, their cost, and other pertinent data.

250 EAST 500 SOUTH STREET · SALT LAKE CITY, UTAH 84111 · TELEPHONE (801) 533-5431

UTAH STATE OFFICE OF EDUCATION

WALTER D. TALBOT
STATE SUPERINTENDENT OF PUBLIC INSTRUCTION

April 24, 1981

M E M O R A N D U M

SUBJECT: MASTER LIST

This document is generated by the R-300 and monthly update by the counselor. A new computer print out of the master list is sent to each counselor once a month. From the master list coordinators, supervisors, and counselors can quickly review the statuses of their cases by name, referral source, months in status, and severely disabled designation. This document also gives information as to SSDI/SSI allowed or denied status. Cases that are in statuses beyond a specified time are then reviewed and action taken. This computer produced document is the most accessible printout to measure problems and concerns of specific clients in any given caseload. This also prints out closed cases by status which then is compared to their progress as projected by each counselor for the year.

Attached is a copy of a master list.

HARVEY C. HIRSCHI, Administrator
Division of Rehabilitation Services
Telephone (801) 533-5991

250 EAST 500 SOUTH STREET • SALT LAKE CITY, UTAH 84111 • TELEPHONE (801) 533-5431

UTAH STATE OFFICE OF EDUCATION

WALTER D. TALBOT
STATE SUPERINTENDENT OF PUBLIC INSTRUCTION

April 24, 1981

Susan Stoddard
Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley, California 94703

Dear Ms. Stoddard:

Enclosed please find information requested by your letter dated April 6, 1981. I believe that this information is self-explanatory.

In addition to quality and quantity control, we conduct periodic caseload reviews by coordinators, supervisors, counselors, and our evaluation specialist. I am sure you are aware of the state and federal administrative program reviews that are conducted which aids us a great deal in taking an objective look at our procedures.

I hope this information will be useful to you, and if we can be of any further help, please let us know.

Sincerely,

HARVEY C. HIRSCHI, Administrator
Division of Rehabilitation Services

ac
Attachments

HARVEY C. HIRSCHI, Administrator
Division of Rehabilitation Services
Telephone (801) 533-5991

250 EAST 500 SOUTH STREET · SALT LAKE CITY, UTAH 84111 · TELEPHONE (801) 533-5431

UTAH STATE OFFICE OF EDUCATION

WALTER D. TALBOT
STATE SUPERINTENDENT OF PUBLIC INSTRUCTION

April 24, 1981

M E M O R A N D U M

SUBJECT: CASE FILE REVIEW--DRS-19

Client identification is made from a computer sample on a random basis which is sent to the district supervisors for case review each month. The form is completed by the supervisor and counselor with copies appropriately distributed with the original being sent to the state office. This information is compiled on a district level by percentages with the report then going back to the district supervisors. General and specific trends can be identified as to the adequate services being directed to clients so identified.

HARVEY C. HIRSCHI, Administrator
Division of Rehabilitation Services
Telephone (801) 533-5991

250 EAST 500 SOUTH STREET • SALT LAKE CITY, UTAH 84111 • TELEPHONE (801) 533-5431

UTAH STATE OFFICE OF EDUCATION

WALTER D. TALBOT
STATE SUPERINTENDENT OF PUBLIC INSTRUCTION

April 24, 1981

M E M O R A N D U M

SUBJECT: QUARTERLY CUMULATIVE STATISTICAL REPORT

This document is generated from the R-300 and the update of the Master List. This information is sent to the field where district supervisors and counselors can compare their caseload functions not only with their own progress, but with their colleagues, district and state.

This information is used by the supervisor and state personnel for selected caseload reviews in identified areas of concern that are printed out by the computer.

HARVEY C. HIRSCHI, Administrator
Division of Rehabilitation Services
Telephone (801) 533-5991

VI

State of Vermont

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
AGENCY OF HUMAN SERVICES

Commissioner's Office

Alcohol and Drug Abuse Division
Division of Services for the Blind
and Visually Handicapped
Social Services Division
Vocational Rehabilitation Division
Disability Determination Unit
103 South Main Street
Waterbury, Vermont 05676

Main Office:
Osgood Building
Vermont State Hospital
Waterbury, Vermont 05676

April 21, 1981

Ms. Susan Stoddard
Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley, California 94703

Dear Ms. Stoddard:

This is in response to your request for materials regarding case flagging and quality assurance procedures. Enclosed for your review are the various forms utilized to facilitate these monitoring processes. These reports are submitted on a regular basis and progress (or lack of it) can be readily identified.

In the Casework Requirements series, certain conditions have to be met before a status change can occur. Before a counselor can effectuate a status advance for any client, the Requirements must be reviewed and signed by the supervisor. In addition to the above, I have included a copy of our Manual's, Table of Contents, in the event you might want additional information on a specific subject.

I hope that this material is useful to you. Please feel free to contact me if I can be of further assistance.

Respectfully,

David M. Mentasti
Director

DMM:ag

Enc.

DRS-19 (8/79)

UTAH STATE BOARD OF EDUCATION
DIVISION OF REHABILITATION SERVICES
REPORT OF CASE FILE REVIEW

Review Date_____

See Case Service Manual Appendix F for detailed instructions.

Review Codes: 1 - Coordinator; 2 - Supervisor; 3 - (other)_____
Status_____ Time in Status_____ months
District No:_____ Counselor No:_____ Client No:_____

1. R-4, Application complete/signed 1 No 2 Yes
2. R-300, Case Service Report in file 1 No 2 Yes
3. Adequate diagnostic records in file 1 No 2 Yes
4. R-31, Disability Consultation, complete/signed 1 No 2 Yes
5. R-62, Certificate of Eligibility, complete/signed 1 No 2 Yes
6. R-62a, SSI/SSDI Selection Criteria, complete if appropriate 0 NA 1 No 2 Yes
7. R-11, and R-300 Case appropriately classified as SD or non-SD. Reviewer comments: 1 No 2 Yes

8. R-4a and R-48 complete/up-to-date, if appropriate 0 NA 1 No 2 Yes
9. R-11 entry relates client's disability to substantial vocational handicap through a diagnostic statement of the handicap, and a description of client's functional limitations? Reviewer comments: 1 No 2 Yes

10. R-5 IWRP completed and approved with current amendments, to include 5a and 5b as appropriate. 1 No 2 Yes
11. R-5 and R-11, Is Client's vocational goal (IWRP) compatible with diagnostic studies, medical consultant recommendations, job market demands, Client interests, etc. and justified by R-11 entry detailing Counselor rationale? 1 No 2 Yes
12. R-5 and R-11, are IWRP intermediate objectives measurable, and is there (R-11) evidence that the objectives have been monitored and amended as necessary? Reviewer comments: 1 No 2 Yes

13. R-5 and R-11, Has action been documented of Counselor effort to seek similar benefits (if appropriate), when DRS funds are utilized? 1 No 2 Yes
14. R-59 (or letter), Has information been shared with referral source(s)/cooperating agencies as appr? 0 NA 1 No 2 Yes
15. Are progress reports (vendor, service agency, training, etc.) in case file complete and up-to-date? 1 No 2 Yes
16. R-11, Frequency of Counselor-client contact and timeliness of status movement. Reviewer comments: 1 Inadequate 2 Adequate

17. Organization/content of case folder. Reviewer comments: 1 Inadequate 2 Adequate

18. Reviewer's judgment of overall quality of case management. Reviewer comments: 1 Below Standard 2 Acceptable 3 Above Standard

19. R-11's Initial interviews, contact reports, etc. 1 Inadequate 2 Adequate
20. Are receipts of equipment/prosthetic appliances, restoration checklists, etc. in case file, as appropriate? 0 NA 1 No 2 Yes
21. Has appropriate action been taken regarding reusable equipment? 0 NA 1 No 2 Yes
22. Recommendations of the Reviewer.
    1 Continuous monitoring of case activity until acceptable performance is achieved
    2 Case to be followed up by supervisor in ___ days
    3 Routine review

23. Reviewer's signature_____

248

249

Y1

COUNSELOR: _____ DATE: _____ OFFICE: _____ REPORTING PERIOD: _____

IWRP's to be written by _____:

Client's Name -	Month -
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.

Cases to be closed in status 08 by _____:

Client's Name -	Month -
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
0.	10.

250

Cases to be closed in status 26 by _____:

Client's Name -	Month -
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.

Cases to be closed in status 28 by _____:

1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.

Cases to be closed in status 30 by _____:

1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.

251

_____
Supervisor's Signature

VI

Agency of Human Services
Department of Social and Rehabilitation Services
VOCATIONAL REHABILITATION DIVISION
Waterbury, Vermont

MASTER LIST OF CASES
(Individual Case Progress Sheet)

Counselor_____ Tally No._____

NAME	Current Status												New Status	Closure	R-300	REMARKS
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.				

When closing the case in 08 or changing the status from 02-10 or 06-10, each counselor will complete this form and attach it to the certificate of eligibility or closure summary.

Depending upon the case action, this form should be completed as indicated below.

00 - 08	1 - 8
02 - 08	1 - 16
06 - 08	1 - 23
02 - 10	9 - 12, 19 - 19, 24
06 - 10	9 - 12, 17 - 22, 24

Explanation of requirements with not applicable (N/A ☐) designation.

#2. Meeting and review with the client/referral and/or representative for full discussion prior to the closure action, except when:

a. There is evidence in the record to substantiate counselors efforts to arrange appointments (at least two letters) issuing or confirming appointments, which are not kept and there is no response.
b. The client/referral by own written statement or by that of a legal representative refuses the discussion.
c. The client/referral or representative, requests the closure, in writing or verbally
d. There are intervening reasons which would make such a meeting impractical or impossible; 1. died; 2. moved out of state; 3. unable to contact; 4. institutionalized and unavailable; 5. other reasons similar to the aforementioned.
e. In every instance where intervening reasons other than death prevent a meeting and discussion with the client/referral or representative, a letter will be sent informing of the right to re-consideration/appeal if it is so desired. (Also, a copy to referral source or other appropriate individuals.) At least 3 weeks advance notice should be given.

#6. Applies only to client receiving SSDI/SSI benefits at time of closure.

#7,15. Checked according to type of closure action.

#13. Determinations of ineligibility may be based on factors of no disabling condition no vocational handicap, handicap too severe, or unfavorable medical prognosis. If the case is closed handicap too severe, the closure narrative will indicate the date of annual review after closure.

#18. If client has no mental or emotional disorders this requirement would be checked not applicable (N/A).

#19. If no specialty examinations and/or evaluations were necessary this would be checked not applicable (N/A).

The section "Notes/ Comments" is to be used by the supervisor to note remarks relating to the need for corrective action or additional information to meet the casework requirements.

Special Note

Supervisors are not to sign the form unless the record meets all casework requirements. If corrections or additions are necessary the supervisor should note this and return to the counselor, unsigned.

VI

Casework Requirements A

Closure 00 - 08 ☐ 1 - 3 02 - 08 ☐ 1 - 16 06 - 08 ☐ 1 - 23

Status Change 02 - 10 ☐ 9 - 12, 17 - 19, 24 06 - 10 ☐ 9 - 12, 17 - 22, 24

1. ☐ R-300 is completed with referral information - Name, address, sex, D.O.B., disability, referral source, date of referral.
2. ☐ Prior to closure action the basis was discussed with the referral/client, parent or guardian. N/A ☐
3. ☐ Letter sent to referral/client informing of the determination to close and rights of reconsideration/appeal.
4. ☐ Letter sent to referral source indicating reasons for closure and closure action.
5. ☐ Referral is made to other agencies as appropriate, contacting the receiving agency and forwarding of necessary information.
6. ☐ 853 document completed. N/A ☐
7. ☐ R-300 is completed 00 - 08, closure information correctly coded. N/A ☐
8. ☐ Closure narrative; completed and stating counselor's basis for closure.
9. ☐ Application completed and signed.
10. ☐ Initial interview completed within 30 days of client signing application; observations, medical/psychological history, employment history, vocational objective, educational history, socio/economic, family history, clients expectations from VR and counselor actions.
11. ☐ Evidence that medical documentation was requested and/or authorized.
12. ☐ Evidence that goals of the next meeting were discussed with client.
13. ☐ Signature of medical consultant to indicate agreement with closure for ineligibility. N/A ☐
14. ☐ Certificate of ineligibility is completed and signed. N/A ☐
15. ☐ The conclusion of any outstanding business - cancellation of unused authorizations, all bills processed and paid.
16. ☐ R-300 is completed 02 - 08, closure information correctly coded. N/A ☐
17. ☐ General medical is completed and recent (within 6 months).
18. ☐ Psychological, psychiatric examinations are obtained if applicant has mental or emotional disorder. N/A ☐
19. ☐ Specialty examinations and/or evaluations were obtained. N/A ☐
20. ☐ Certificate of eligibility for extended evaluation is completed and signed by counselor and supervisor.
21. ☐ Extended evaluation IWRP completed objectives and services indicated and a narrative including the basis for Extended evaluation and benchmarks to be reached to determine feasibility.
22. ☐ Progress in extended evaluation was evaluated according to the IWRP at least every 90 days.
23. ☐ R-300 is completed 06 - 08, closure information correctly coded.
24. ☐ Certificate of eligibility is completed and signed by counselor and supervisor.

NOTES/COMMENTS (by number)

Counselor _____ Date _____

Supervisor _____ Date _____

When writing any Individualized Written Rehabilitation Plan (IWRP) this form will be completed and attached to part 2 of the IWRP document.

Depending upon the type of plan being written, Vocational or Extended Evaluation, this form should be completed as indicated below.

10 - 12	1 - 3, 5 - 9
02 - 06	1 - 9

Note

Cases in which a plan for Extended Evaluation and Vocational Plan are written will each have a separate form attached to the IWRP document.

Explanation of requirements with not applicable, (N/A /__/), designation.

#1.b. As this requirement deals with a vocational direction it will apply only to vocational plans. Extended Evaluation plans would be checked not applicable.

#3. This requirement deals with vocational goal. (See above)

#6. Applies only to SSDI/SSI cases.

The section Notes/Comments is to be used by the supervisor to note remarks relating to the need for corrective action or additional information to meet the casework requirements.

Special Note

Supervisors are not to sign the form unless the IWRP meets all casework requirements. If corrections or additions are necessary the supervisor should note this and return to the counselor, unsigned.

Casework Requirements B

VI

☐ Individualized Written Rehabilitation Program Status 10 - 12, 1 - 3, 5 - 9

☐ Extended Evaluation IWRP Status 02 - 06, 1 - 9

A plan rationale which indicates;

a. ☐ That pertinent problems and questions have been thoroughly checked out and appropriate serivce needs identified.

b. ☐ Sufficient exploration in choosing a vocational direction, through the process of assessment and evaluation. N/A ☐

c. ☐ That contingencies are anticipated before plan is formulated so that provision can be made.

d. ☐ The ultimate goal of the plan and how this is to be accomplished.

2. ☐ The plan rationale considers physical, psychological, social, vocational, educational and other factors which bear on or are pertinent to the applicants/clients rehabilitation process.

3. ☐ Clear and concise IWRP document in the case consisting of client identification, vocational goal, N/A ☐, a fully developed listing of all the intermediate objectives, dates of beginning to completion and the cost to the Division as well as through other resources being applied.

4. ☐ The extended evaluation plan rationale specifically related to; the additional information needed to decide on rehabilitation potential and assess the possibility of overcoming problems and barriers related to employability.

5. ☐ Identified as severely disabled. Yes ☐ No ☐

6. ☐ Special Selection Criteria Worksheet completed, signed and in the record. N/A ☐

7. ☐ Copy of clients rights and responsibilities signed by the client or parent/guardian, in the record.

8. ☐ Copy of the IWRP, signed by client or parent/guardian in the record.

9. ☐ IWRP is maintained as a separate part of the case record.

NOTES/COMMENTS (by number)

Counselor _____ Date _____

Supervisor _____ Date _____

When moving any case into status 20, this form will be completed in its entirety and attached to the progress sheet on which the status change narrative is typed.

Explanation of the requirements with not applicable (N/A ⁄) designation.

#2. Applies only to those cases in which the planned services are longer than one year in duration.

The section "Notes/Comments" is to used by the supervisor to note remarks relating to the need for corrective action or additional information to meet the casework requirements.

Special Note

Supervisors are not to sign the form unless the record meets all casework requirements. If corrections or additions are necessary, the supervisor should note this and return to the counselor, unsigned.

VI

Casework Requirements C

Status Change 14, 15, 18, - 20 ☐ 1 - 6

1. Movement to status 20 must include:

a. ☐ A narrative evaluation which represents the basis for the status change and affirms in measurable terms the clients readiness to accomplish status 20's IWRP objectives.

b. ☐ The narrative evaluation demonstrates how the client's IWRP and vocational goals are still consistent and supported by information obtained to date.

c. ☐ The narrative record and IWRP supplement indicates what actions the counselor plans with the client to accomplish placement.

2. ☐ Review of the total IWRP (its outcome and planned actions and objectives was conducted at least annually.) N/A ☐

3. ☐ Actions planned and scheduled in the IWRP and possible amendments were accomplished or, if not, are explained.

4. ☐ Contact has been maintained with the client (at least once every 2 months), and the outcome of the contacts are reflected in timely and concise case recording, if not, their absence is explained.

5. ☐ Additions and amendments to the IWRP are correctly reflected in the case.

6. ☐ The Review and Evaluation of Progress section of the IWRP is utilized to record completion of the various objectives.

NOTES/COMMENTS (by number)

Counselor _____ Date _____

Supervisor _____ Date _____

When closing a case in status 30, 28, or 26, this form will be completed and attached to the closure summary.

Depending upon the type of closure, this form should be completed as indicated below.

10 - 30	1 - 11
12 - 30	1 - 11
14, 16, 18, 22, 24 - 28	1 - 12
22 - 26	9 - 21

Explanation of requirements with not applicable (N/A /__/) designation.

#2. Meeting and review with the client, parent or guardian for full discussion prior to the closure action, accept when:

a. There is evidence in the record to substantiate counselors efforts to arrange appointments (at least two letters) issuing or confirming appointments, which are not kept and there is no response.

b. The client, by own written statement or by that of a legal representative, refuses the discussion.

c. The client or representative requests the closure, in writing or verbally.

d. There are intervening reasons which would make such a meeting impractical or impossible; 1. died; 2. moved out-of-state; 3. unable to contact; 4. institutionalized and unavailable; 5. other reasons similar to the aforementioned.

e. In every instance where intervening reasons other than death prevent a meeting and discussion with the client or representative, a letter will be sent informing of the right to re-consideration/appeal if it is so desired. (Also, a copy to referral source or other appropriate individuals). At least 3 weeks advance notice should be given.

#5. Referrals may be made to mental health agencies, V.R. in other states etc., however, the referral should be discussed with the client in advance.

#6. In cases where more experience and/or new information leads to a finding of handicap too severe, with no reasonable expectation of employability, a certification of ineligibility is completed and annual review requirements are observed.

#8. Applies only to cases closed in status 28.

#11. Applies only to clients receiving SSDI/SSI benefits at time of closure.

#20. Applies only to those cases in the SSDI/SSI caseload.

The section"Notes/Comments" is to be used by the supervisor to note remarks relating to the need for corrective action or additional information to meet the casework requirements.

Special Note

Supervisors are not to sign the form unless the record meets all casework requirements. If corrections or additions are necessary the supervisor should note this and return to the counselor, unsigned.

Casework: Requirements D

VI

Closure 10, 12, - 30 ☐ 1 - 11 14, 16, 18, 20, 22, 24 - 28 ☐ 1 - 12 22 - 26 ☐ 9

1. ☐ The R-300 is complete and the closure reason is coded. Status 28 or 30.

2. ☐ Prior to closure action, the basis was discussed with the client, parent or guardian. N/A ☐

3 ☐ Letter sent to client informing of the determination to close and rights of reconsideration/appeal.

4. ☐ Letter sent to referral source indicating reasons for closure and closure action.

5. ☐ Referral is made to other agencies as appropriate, contacting the receiving agency and forwarding of necessary information. N/A ☐

6. ☐ Certificate of ineligibility is completed and signed. N/A ☐

7. ☐ Closure narrative, status 28 & 30. To include; brief synopsis of services provided, the outcome and reasons for closure.

8. ☐ VR services for accomplishing the IWRP's objectives were provided as planned and scheduled, up to the closure, and if not, reasons are given. N/A ☐

9. ☐ The conclusion of any outstanding business, cancellation of unused authorizations, all bills processed and paid.

10. ☐ Contact has been maintained with the client (at least once every 2 months), and the outcome of the contacts are reflected in timely and concise case recordings, if not, their absence is explained.

11. ☐ 853 document completed. N/A ☐

12. ☐ Additions and amendments to the IWRP are correctly reflected in the case.

13. ☐ The R-300 is completed and the closure reason is coded. Status 26.

14. ☐ The Review and Evaluation of Progre section of the IWRP is utilized to record completion of the various objectives.

15. ☐ Planned actions were carried out as scheduled, or, if not, are explaine

16. ☐ The services provided in the IWRP are clearly contributory in a substantial way to the employment.

17. ☐ Substantial placement services by counselor were provided, or, if not there is an indication of how placement was accomplished.

18. ☐ There is a clear relationship between the services and vocational outcome.

19. ☐ The employment is determined to be satisfactory and has been maintained for a period of not less than 60 days.

20. ☐ The level of employment is commensurate with the SGA level. N/A ☐

21. ☐ A complete closure summary which includes; a summary of services provided and the results, the employment situation including, employer, place, salary, type of job and a clear indication post-employment services were explained and planned where appropriate.

NOTES/COMMENTS (by number)

Counselor _____ Date _____

Supervisor _____ Date _____

each month. One copy is also retained in Central Headquarters for use as needed by the Quality Control staff or administrative personnel. The two left handed circled columns report the client's current status and the date the client entered that status. The set of columns on the right reports the number of months the client has been in each status from the date of referral to the date of the report.

These flowsheets are used by counselor and supervisor to plan and monitor caseload management, including rate of service delivery. When there is question for a specific aspect of caseflow, the Director of Vocational Rehabilitation reviews the flowsheets or has the Quality Control staff perform any needed summary of data.

2. Statistical Tables I, II, III (exhibit #2) - These tables summarize the status of each counselor's caseload. They are distributed to all counselors, supervisors, and Quality Control staff. Among the items of information are the monthly referral backlog and monthly applicant backlog. This index is the number of cases on hand divided by the monthly average of cases processed, year-to-date A high ratio is viewed as a "flag" by counselor, supervisor, and administrative staff. As a "flag", it may be used by staff to examine the flowsheets. This examiniation will determine if the high ratio is a function of an undue length of time in referral or applicant status for the caseload as a whole, or is a function of a high number of new referrals or applicants.

3. Report of Unusually Inactive Clients - The Vocational Rehabilitatio Accountant annually compiles a list of open clients for whom there has been no financial expenditure for a two year period. This list of clients is forwarded to the individual case supervisor for

V2

COMMONWEALTH OF VIRGINIA

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COMMISSIONER
397 AZALEA AVENUE
RICHMOND, VIRGINIA 23227
TELEPHONE: (804) 264-3140

VIRGINIA DEPARTMENT FOR THE VISUALLY HANDICAPPED

May 1, 1981

Ms. Susan Stoddard
Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley, California 94703

Dear Ms. Stoddard:

Mr. Coppage has asked that I answer your request for information regarding the Agency's monitoring and control of the rate of service delivery to clients.

The primary responsibility for monitoring and control of the rate of service delivery lies with the counselors and the case supervisor. We do not believe it necessary to have an elaborate system specifically for identifying undue delay in service delivery. The reasons for this are twofold: First, comparison of our Agency's performance with that of others indicates that our performance in this area is very satisfactory. Second, reports available about caseload flow are widely disseminated among supervisors, counselors, administrative staff, and Quality Control unit. Hence, specific problems are likely to very quickly emerge without formal communication. The three reports containing information about rate of service delivery we use are:

1. Counselor Flowsheets (exhibit #1) - Copies of these are sent to the VR counselor, the VR field secretary, and the case supervisor

BVR CASE RECORDING STANDARDS

V2

Why have case recording standards?

There are two (2) basic reasons why the BVR is adopting case recording standards:

1. To promote good case planning and casework practices,
2. To comply with federal recording requirements.

The elements of BVR case recording which are being standardized are:

I. Contact Reports
II. IWRP Closure Narrative
III. Other

These three (3) elements of case recording to be standardized are discussed in more detail in the remainder of this paper.

* * * * * * *

I. Contact Reports

There will be six (6) instances in which narrative contact reports by the VR counselor will be required. These are:

A. Initial interview
B. When referral/applicant is determined to be eligible, ineligible, or is placed in extended evaluation (status 06)
C. When the initial IWRP is written (status 12)
D. Every six (6) months while case is in active status (statuses 10-24)
E. When client enters employment (status 22)
F. When client enters post-employment (status 32)

Required content for the above-listed six (6) type of contact reports is as follows:

A. Initial Interview

This contact report reflects the VR counselor's first interview with the referral. It must contain; at a minimum, the following information:

1. How the referral came to VR, including a brief summary of the referral information
2. A statement that VR services were explained to the referral/applicant
3. A statement that the referred individual has been informed of his/her civil rights, right to confidentiality of personal information, and the right to administrative review and fair hearing
4. Referral's apparent or self-reported level of independent functioning
5. Referral's apparent or self-reported limitations imposed by the visual disability

March, 1981

V2

followup with the counselor.

We have not felt the need to set explicit maximum standards for "time in status". We do not wish to emphasize the rate of service delivery at the expense of the quality of service delivery. However, we have recently adopted overall caseload recording standards (exhibit #3). These are intended to assist counselor and supervisor in managing their caseload. Implicit in these standards is that contact with the active client occurs at a minimum once every six months. We may shortly be developing plans to monitor the effectiveness and compliance with these standards.

I hope the enclosed information and attachments will be of help to you. Please contact me if you wish further information.

Sincerely,

Mary Arginteanu,
Rehabilitation Specialist

WTC/MA:hcm

cc: Thomas C. Michael
William T. Coppage

Attachments

V2

for the status 10 and status 12 contact reports; or he/she may do two or three separate contact reports dated the same day, each moving the case through one status (Example: A client's case is being accepted and moved to status 16 on February 15. Technically the case moves from 02 to 10 to 12 to 16 on February 15. The counselor may do one contact report addressing the required elements for accepting a case and also addressing the required status 12 & 16 contact report items. If the counselor does one contact report, the "status this report" box on the contact report form should read "10-12-16". The alternative approach is to do a contact report moving the case from 02 to 10, another contact report moving the case from 10 to 12, and a third contact report moving the case from 12 to 16.

D. Every six (6) months while case is in active status (statuses 10-24)

Progress/contact reports will be required periodically (every six months seems reasonable) while client is in active status. The purpose of these reports is to document progress made in the case, significant developments or problems encountered.

The six month requirement for cases in active VR status should be viewed as a minimum requirement. Special circumstances sometimes arise in which the counselor should not wait until six months later to do a contact report. This is an area in which the counselor must rely on his/her own best judgment. Examples of situations in which the counselor may wish to do a contact report without waiting up to six months would include:

change of vocational goal
change of rehabilitation status number
illness which interrupts client's rehabilitation program
etc.

The SOAP model is recommended for structuring these contact reports. An explanation of the SOAP model is as follows:

S = SUBJECT (client's name, date, status, why the contact took place)

O = OJECTIVE (what developments led up to this contact, what has been going on in the case since the last report, what happened during the contact/interview)

A = APPRAISAL (the VR counselor's interpretation of the facts covered in "O" above, the VR counselor's opinion as to the meaning of the developments reported in "O" above)

P = PLANS (what plans and/or action steps will the client and/or counselor make/do now)

E. When the client enters employment (status 22)

This contact report must contain:

1. The job title and a brief description of the job the client is entering
2. Explain how the job was located/acquired

March, 1981

6. Referral's family situation
7. VR counselor's observations as to apparent rehabilitation potential
8. What additional diagnostic studies/reports are needed to establish eligibility, and what is being done to obtain these studies/reports

B. When referral/applicant is determined to be eligible, ineligible, or is placed in extended evaluation (status 06)

ELIGIBLE

1. Summary of findings from the diagnostic studies; must address the following areas:

   medical
   vocational
   educational
   social

   Relate these findings to items 2-5 below.
2. Explain why the disabling condition(s) of the client is(are) handicapping to employment
3. Explain why the client has the potential to eventually obtain employment
4. Explain how VR services will assist the client to become employable
5. Mention any plans for further diagnostic or evaluative studies

INELIGIBLE

6. When a case is being closed in status 08 (not eligible for VR services), explain how the individual does not meet at least one of the following conditions:
   a. presence of a visual disability which causes a handicap to employment,
   b. presence of a reasonable expectation that VR services will improve the individuals's employability

STATUS 06

7. When a case is being placed in extended evaluation to determine rehabilitation potential (status 06) the following requirements must be documented in the contact report:
   a. presence of visual disability, or a combination of visual and other disabilities, which impose(s) a handicap to employment.
   b. Uncertainty as to whether VR services can improve the individual's employability. Be specific as to areas of uncertainty, such as health, stamina, skills, level of intellectual functioning, etc.

C. When the initial IWRP is written

State the vocational goal and explain how planned VR services will lead to attainment of the goal. Also explain why this particular vocational goal has been developed for/with this particular client.

When a case is being accepted and moved through several statuses in one day, the counselor may do one contact report which addresses all required items

March, 1981

This narrative must explain why the client no longer is expected to benefit from VR services. Occasionally a case will be accepted for VR services and moved into status 10, then closed in status 30 before an IWRP is written. In such cases (closure in status 30 from status 10), a closing contact report must be done since there is no IWRP.

D. Closure from Post-Employment

Summarize what occurred during the time that the case was in post-employment services, what VR services were rendered, and the outcome of post-employment services. (Is client still employed? At what job?) Identify the post-employment closure status (status 33-39) in which the case is being closed.

III. Other

A. VR counselors are to continue to distribute to VR referrals/applicants, during the initial interview, the half-page civil rights statement (RD-37). This form is being updated to include additional rights for the handicapped which have come into existence in recent years.

B. VR counselors are to continue using the form letter (RD-6) to notify clients of closure in status 08.

C. The 1978 version of the Rehabilitation Act appears to state that the VR client has the right to see all the contents of his/her case folder. We are waiting for issuance of the final implementing regulations to include this requirement in our own policy. VR staff should be aware of the probability of VR clients in future having the right to see their entire case folder. This will mean that VR staff must be objective in their reporting of client behaviors. Any assessment or opinion of VR staff which appears in the case folder will have to be supported by "objective" facts. The counselor's observations of a client's behavior is "objective" if the counselor describes client behaviors and avoids making value judgments (do not say, "Client is lazy and unmotivated to work"; say "Client has failed to keep two employment interviews, and has turned down a job offer for a job which is compatible with his/her aptitudes and stated interests".)

March, 1981

V2

3. Explain why the job seems suitable for the client
4. Explain any problems which the client may be having on the job (ability to do the job tasks, other workers, transportation, housing, etc.); and what is being done to resolve any problems
5. Mention any outstanding bills
6. If the job obtained constitutes a major change in the client's vocational goal, explain how/why

F. When the case enters Post-Employment Status (status 32)

This contact report is to contain:

1. A statement of the problem(s)
2. An explanation of how additional VR services will solve the problem(s)

* * * * * * * * * *

Please note that a narrative contact report is not required when closing a case which has an IWRP (status 06-08, 26, 28, most 30's and 33-39). The narrative on the closure section of the IWRP form will suffice in those instances.

II. IWRP

A narrative must be done on the closure section of the IWRP form for those cases which have IWRPs (status 06-08, 26, 28, some 30's and 33-39). The required information for these reports follows:

A. Status 06 to 08 closure

Discuss the findings obtained from the diagnostic/evaluative studies; and use this information to show that the client cannot reasonably be expected to improve in employability as a result of VR services.

B. Status 26 closure

1. The basis on which the case is being closed as rehabilitated (client is employed or is functioning as a homemaker), weekly gross earnings at closure, whether the job is full-time or part-time.
2. A statement of how the client has made a satisfactory adjustment to the job.
3. A statement that the client and employer are both satisfied.
4. A listing of VR services which were rendered; and how these services helped the client obtain and maintain employment.
5. A statement of whether post-employment services are planned.
6. A statement that the client has been informed that his/her case is being closed.

C. Status 28 and 30 closure

March, 1981

If you have any questions feel free to contact me at (206) 753-0784.

Sincerely,

Carl H. Rennewitz, Program Manager
Office of Management Services
Division of Vocational Rehabilitation
OB-21C

CHR:jaw

c: Bill Griffith
Les James

W1

JOHN SPELLMAN
Governor

ALAN J. GIBBS
Secretary

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Olympia, Washington 98504

April 27, 1981

Susan Stoddard, Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley, California 94703

Dear Ms. Stoddard:

Two methods are employed in addressing the potential problem of a client whose rehabilitation process has been stymied.

The first is the organization-function process. The counselor is responsible to maintain the agency relationship for planning and negotiation with each client, and to follow along with the client. The supervisor of the counselor has the responsibility of case review, documenting the review, analyzing any problems, and suggesting solutions to the counselor. Delays in case movement can be detected from narrative case recording entries, the basis of case documentation by the counselor.

Internal review teams composed of administrators, supervisors, and counselors from an organization unit other than that of a caseload counselor periodically review a sample of each caseload to look for compliance to established policy and procedure. Reports are assembled based on aggregated findings, not individual client records.

The second method employs the job functions discussed in the first method prompted by our Integrated Client System (ICS) reporting mechanism. Standard-times-in-status have been established for the non-plan VR statuses. The plan status time standard used is the projected ending date of the plan. Each month ICS prepares a listing of clients for whom the counselor is responsible which provides time in VR status and flags those clients who have been in current status greater than the standard time for the status.

The supervisor receives an exception listing of those "over-standard" clients. The exception listing also gives those clients whose plans have expired, those closed clients to be contacted for an annual review, and other client "out-of policy" conditions which can be detected from client data base elements.

Each counselor, supervisor, and administrator receive monthly a summary report which shows a snapshot of each client population including the out-of-standard-time variable.

W3

THE STATE OF WYOMING

DEPARTMENT OF HEALTH & SOCIAL SERVICES

DIVISION OF VOCATIONAL REHABILITATION

Administrative Offices
Hathaway Building
Cheyenne, Wyoming 82002
Phone & TTY: (307) 777-7385

Reply to:

April 29, 1981

Susan Stoddard
Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley, California 94703

Dear Ms. Stoddard:

Our "flagging" procedures are very simple. The Supervisors review any status 02's after longer than three months; status 06's approximately every six months; and any other status' that would seem to be unusually long term. Enclosed you will find the statistical documents that bring this to our attention.

Because we review every case at least annually, we are interested in programmatic evaluation and rarely use status alone, except to help pinpoint counselor case management problems.

Quality assurance is accomplished through Program Evaluation (copy enclosed) and Supervisor review. Enclosed you will also find a general outline that we use. This is then individualized according to each counselor's particular needs and goes into much more elaborate detail. Enclosed are two typical Supervisor's reviews.

I hope this is of some help.

Aye,

Bernard W. Giese/jk

Bernard W. Giese
Field Services Director

BWG/jk

Enclosures

W2

STATE BOARD OF VOCATIONAL EDUCATION
DIVISION OF VOCATIONAL REHABILITATION
State Capitol Building Charleston, West Virginia 25305

EARL W. WOLFE
Director

(304) 348-2375

April 15, 1981

Ms. Susan Stoddard, Project Director
Berkeley Planning Associates
3200 Adeline Street
Berkeley, California 94703

Dear Ms. Stoddard:

In your letter of April 6, 1981, you asked for copies of any materials which we use in our agency for:

- Case flagging (procedures, manual chapters, review techniques, etc. to identify undue delays in statuses);
- Quality assurance (monitoring, control, standards, etc.).

I am sure that you already have the materials issued by the Rehabilitation Services Administration. We use those materials extensively in our work. We do not have any additional materials which would appear to be in line with your request.

Sincerely yours,

Earl W. Wolfe

Earl W. Wolfe, Director